City and County of the City of Exeter

ANNUAL REPORT

OF THE MEDICAL OFFICER OF HEALTH
FOR 1953

E. D. IRVINE, M.D., M.R.C.S., D.P.H.
Medical Officer of Health.

Besley & Copp, Ltd., Courtenay Road, Exeter.

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ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

To the Chairman and Members of the Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my report on the health of the people of Exeter during 1953 and on the working of the City Council's Health Services.

The report comprises first, a discussion of the vital statistics which must always be read in relation to previous experience; secondly, an account of the efforts made to ensure a satisfactory environment for the people, including the control of infectious disease; next, a description of some personal health services, not part of the National Health Service, including a note (at the request of the Ministry of Health) on the incidence of blindness, epilepsy and cerebral palsy in the City, and the care of those suffering from these conditions; then an account of the work of the City's Local Health Services within the National Health Service; and finally, some observations on Home Nurse training and on Health Visitors' duties.

The form of the report closely follows that of previous years and the tables correspond substantially with those in last year's report; those which refer to the Local Health Services (under the National Health Service Acts) are grouped together at the end of the appropriate section.

Vital statistics are important as shewing trends in the birth rate, in the occurrence of infectious disease, and in mortality; it is very difficult to shew trends in sickness experience (other than infectious disease) because we have few really useful figures available to us. The weekly returns of claims for sickness benefit made to the local office of National Insurance (covering Exeter and a substantial rural area surrounding the City) shewed no striking variations compared with previous years, but an influenza outbreak in January and February caused a sharp rise with its peak in mid-February; in each of the last four years the first quarter has shewn a rise in these claims, indicating a seasonal general sickness increase among the working adults of the area; influenza in March, 1950, in January, 1951, in January, 1953, has been mainly responsible; but the influenza outbreak of 1953, though sharp in deaths, was not so extensive as in 1951. School absenteeism, discussed in my school health report for 1953, shewed a comparable incidence in school children.

The estimated population increased slightly to 76,700 and the health of the people was well maintained. The vital statistics this year were about average, with a birth rate of 15.0, a death rate (corrected) of 11.9, a continuing low tuberculosis death rate, the lowest stillbirth rate recorded in the City, but with a sharp and disagreeable rise in the infant mortality rate. I hope that the Regional Hospital Board will proceed soon with the construction of a large maternity unit with more ante-natal beds which will probably help in reducing the mortality of infants born to toxaemic mothers. The Board has already approved plans for such a unit. The Council's medical ante-natal clinics are not now nearly so much used as they were before the National Health Service Act came into operation. This is a pity. As I have indicated in the report, the death rates are now recorded in a new way, which shews Exeter's rate as higher than it really is, but this in no way affects the infant mortality figures. Cancer was an increasingly important cause of death, and registration of new cases shews no slackening off. Compulsory notification by doctors of cancer would in my view be justified, not because any control is needed to prevent spread for it is not infectious, but because we should then in the end, get full information about the natural history of the disease which might give leads towards its prevention.

The infectious diseases, apart from influenza, caused very few deaths; measles was epidemic. Immunisation against whooping cough (usually combined with diphtheria protection) was increasingly popular. It must be remembered that so far no one has been able to claim 100% success with whooping cough protection, but we do expect about 75 to 80% success, i.e., a reduction among the immunised, by that percentage, of the expected incidence of the disease in the general population of comparable ages. The desirability of offering immunisation against tetanus is receiving consideration.

Tuberculosis is still the major infectious disease as a cause of death; more and more is it likely that it will be stamped out, but only by an intensification of the methods employed by the public health service over the last forty years, together with the application of new and improving methods of treatment. The discovery, treatment and isolation of the infectious cases is still the main way to success : isolation does not necessarily involve permanent physical separation of the patient from his fellows or his family, but it does mean that he must be taught so to live as to avoid the risks of infecting them. So trained, he can safely work and mix in the community. We are fortunate here in having a close and friendly relationship between my staff, the Chest Physician, and the Mass Miniature Radiography Unit staff. We look forward to the time when it may be possible to have a Unit with headquarters in Exeter. During 1953, the Council decided both as Health Authority and Education Authority, to introduce tuberculin testing and (where necessary) B.C.G. vaccination of school children in the 13 to 14 year age group, subject to parental consent. We will have all this group mass miniature X-rayed as well as, this year at least, the school leavers. Biennially repeated X-ray examination of the vaccinated is desirable, but whether that will be practicable remains to be seen : it is expected that the facilities for Mass Miniature Radiography will be extended in 1955. This vaccination will, I believe, be a further step forward in the battle against the disease.

The improvement of the food hygiene of food preparing premises has continued to be one of the major aims of the Sanitary Department. The Council decided to make the provision of a new abattoir first priority in their construction programme, but the slow rate of determination of Government policy relative to the siting of abattoirs has held up the commencement of the work. We await the final report of the " Siting Committee." Housing (reconditioning and clearance) is becoming a very live issue ; legislation is expected on health, welfare and safety in non-industrial employment which will add materially to the duties of the Health Department ; and it may be that an addition to the Chief Sanitary Inspector's staff will be necessary to deal satisfactorily with the extra work.

Detailed at greater length in the report are accounts of other changes and extensions in the Local Health Authority Services in the City. Paul Street Day Nursery was closed on 31st March, 1953. The plan for the new Health Clinic at Whipton was approved and tenders accepted. A night attendance service, mainly for the aged sick, was commenced. It was decided to fuse the infectious disease ambulance service with the general ambulance service. After-care of the diabetics in the City was extended by training another health visitor in this work at the Royal Devon and Exeter Hospital : two health visitors now share the work.

Further progress was made by the Exeter Diocesan Moral Welfare Council in the provision of a mother and babies' hostel. A handbook on the health and welfare services available in the City whether provided by the State or the City Council, or other statutory bodies or by voluntary organisations, was issued jointly by the Health and Welfare Committees. It was designed in the first place for those likely to be approached about such services, e.g. Councillors, Doctors, Ministers of Religion, and Secretaries of Voluntary Societies.

Good relations with the public is an important aspect of our duty and, I believe, the people of this City know that they can always approach the department in any health problem with at least the assurance that we will help so far as we can. The voluntary organisations, especially those operating services for the City Council, and also the Exeter Council of Social Service and many others, have co-operated with us to the full. The hospitals (consultants and other staff) and the family doctors have been most helpful. My colleagues in the Municipal Service have never failed to give all the assistance in their power. To my own staff I owe my thanks for their very honest, painstaking, and valuable service to the cause of public health during the year. They have, as well, been responsible for the compilation of the figures in this report. Dr. Whittles and Dr. Ward have written the sections on infectious disease, and the loss of infant life, respectively.

You, Mr. Chairman, Ladies and Gentlemen, know full well that your efforts in the preservation of the public health, through the Council's health services, are contributing in no small way to the total happiness of the inhabitants of this " no mean City."

I am,
Your obedient servant,
E. D. IRVINE.

July, 1954.

CITY AND COUNTY OF THE CITY OF EXETER

Health Committee.

Mayor—

Councillor A. J. Bovey, J.P.

Chairman—

Councillor Lt. Col. R. H. Creasy.

Deputy Chairman—

Councillor J. A. Graves.

Alderman W. T. Baker.
Alderman H. C. Pedrick.
Councillor H. T. Bishop.
Councillor W. H. Butcher.
Councillor T. B. H. Chappell.
Councillor J. Coombes.
Councillor C. C. M. Force.
Councillor Mrs. P. Goodman.
Councillor R. Howard.
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Councillor Mrs. M. Nichols.
Councillor F. A. W. Pannell.
Councillor Major A. S. Powley.
Councillor G. Pring.
Councillor C. Rew.
Councillor A. H. Roberts.
Councillor H. Smale.
Councillor G. J. E. Tomlinson.
Councillor E. C. L. Tozer.
Councillor R. J. Williams.
Councillor S. W. Woodcock.

Co-opted Members—

Mrs. Balkwill.
Mrs. M. Collings.
Dr. A. H. G. Down.
Mr. W. H. B. Hawken.
Mrs. J. B. Martin.
Mr. A. C. Milton.
Dr. J. Russell.
Mr. W. J. Selley.
Mrs. S. J. Smith, J.P.
Mrs. B. Steele-Perkins.
Mr. H. F. Tapp.

Town Clerk—C. J. Newman, Esq., O.B.E.

SUB-COMMITTEES.

GENERAL PURPOSES.

Chairman—

Councillor J. Coombes.

Deputy Chairman—

Councillor Major A. S. Powley.

Councillor T. B. H. Chappell.
Councillor H. T. Howe.
Councillor G. Pring.
Councillor G. J. E. Tomlinson.
Councillor R. J. Williams.

Co-opted Members—

Dr. A. H. G. Down.
Mr. A. C. Milton.
Mr. W. J. Selley.
Mr. H. F. Tapp.

together with the Right Worshipful the Mayor of Exeter and the Chairman and Deputy Chairman of the Health Committee—*ex-officio*.

MATERNITY AND CHILD WELFARE.

Chairman—

Councillor Mrs. M. Nichols.

Deputy Chairman—

Councillor S. W. Woodcock.

Councillor C. C. M. Force.
Councillor Mrs. Goodman.
Councillor R. Howard.
Councillor H. A. Knight.
Councillor F. A. W. Pannell.
Alderman H. C. Pedrick.
Councillor Major A. S. Powley.
Councillor H. Smale.

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Mrs. M. Collings.
Mr. W. H. B. Hawken.
Mrs. J. B. Martin.
Mrs. S. J. Smith, J.P.
Mrs. B. Steele-Perkins.

together with the Right Worshipful the Mayor of Exeter and the Chairman and Deputy Chairman of the Health Committee—*ex-officio.*

MENTAL HEALTH.

Chairman—

Councillor J. A. Graves.

Deputy Chairman—

Councillor A. H. Roberts.

Alderman W. T. Baker.
Councillor H. T. Bishop.
Councillor W. H. Butcher.
Councillor C. Rew.
Councillor E. C. L. Tozer.

Co-opted Members—

Dr. A. H. G. Down.
Dr. J. Russell.

together with the Right Worshipful the Mayor of Exeter and the Chairman of the Health Committee—*ex-officio.*

STAFF.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

(*a*) **Medical.**

Medical Officer of Health and Principal School Medical Officer.
EDWARD D. IRVINE, M.D. (Liv.), M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health and School Medical Officer.
J. H. WHITTLES, T.D., B.SC., M.D. (Lond.), M.R.C.S., L.R.C.P., D.P.H.

Assistant Medical Officer of Health and School Medical Officer.
†JESSIE SMITH, M.B., CH.B., D.P.H. (Leeds).

Assistant Medical Officer of Health and School Medical Officer.
IRIS V. I. WARD, M.D. (Lond.), M.R.C.S., L.R.C.P., D.C.H.

Medical Officer, Ante-Natal Clinic (part-time).
BERTHA HINDE, M.B., B.S. (Lond.), M.R.C.S., L.R.C.P.

Chest Physician (part-time).
ROBERT P. BOYD, M.B., CH.B., D.P.H. (Glas.), F.R.F.P.S.G.

Dental Surgeons.
†W. C. ARKLE, L.D.S. (Glas.), *Principal Dental Officer* (From 19.1.53).
†M. RADFORD, L.D.S. (Eng.).
†J. B. W. EDWARDS, L.D.S. (Eng.). (To 31.3.53).
†J. B. CLARK, L.D.S. (From 21.9.53).

(*b*) **Others.**

Chief Sanitary Inspector and Officer under the Food and Drugs Adulteration Act, etc.
**F. G. DAVIES, F.R.S.I., A.M.I.S.E.

Deputy Sanitary Inspector.
**D. MAYNARD.

Assistant Sanitary Inspectors.
**A. C. LEWIS.
**G. C. HOPKINS.
**R. PICKFORD.
**T. H. HEYWOOD.
**D. PECKHAM.

Public Analyst.
T. TICKLE, B.SC., F.I.C.

---

† Duties mainly in connection with the Education Committee.
** All qualified sanitary inspectors and meat inspectors.

Superintendent Health Visitor.

*Miss A. C. Atkinson.

Health Visitors and School Nurses.

*Miss A. H. Edds.
*Miss N. E. Smith.
*Miss L. E. Wathen.
*Miss M. L. Barrett.
*Miss G. M. Bastow.
*Miss M. A. S. Clarke, (To 31.1.53).
*Miss R. Cooper, (To 31.10.53).
*Miss P. M. Wakefield, (S.C.M. PART I) (To 3.8.53).
*Mrs. K. Dunham, (From 1.5.53).
*Mrs. E. Stannard, (part-time).

Student Health Visitor.

Miss E. M. Lee, (From 7.9.53).

Non-Medical Supervisor of Midwives.

*Miss L. Reynolds (part-time).

Tuberculosis Visitor.

*Miss A. Dawson.

Superintendent of Day Nurseries.

*Miss A. C. Atkinson.

Day Nurseries—Matrons.

Mrs. J. Eddy (Burnthouse Lane).
Miss J. Bryan (Buddle Lane).
Miss M. E. Edwards, (Paul Street), (To 31.3.53).

Organisers of Domestic Help Scheme.

Miss M. I. Humpherson, (To 30.6.53).
Miss M. M. Davies, (From 20.7.53).

Clerks.

E. S. Howells (Chief Clerk).
R. W. Stiles (Principal Assistant Clerk).
L. G. Godbeer.
F. J. Wreford.
G. A. Gibson.
G. H. Whitley.
E. R. Helyar, (To 18.10.53).
R. Pettitt.
R. Tayler, (From 9.11.53).
R. Free, (From 9.11.53).
A. F. Dumper, (Temporary).
Mrs. M. M. Payne.
Miss E. M. Burridge.
Mrs. D. Marsden.
Miss D. M. Bowyer.
Miss M. Crabtree, (Part-time, Temporary).
Miss D. M. E. Barrow, (Part-time, Temporary).
Mrs. M. J. Grigg, (Part-time, Temporary).
Mrs. D. Maunder, (Part-time, Temporary).

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*All are S.R.N., S.C.M. and H.V. Certificate.

(*c*) Mental Health Section.

Mental Welfare Officer and Authorised Officer.
R. W. Stiles.

Authorised Officers.
L. N. Clark.
Mrs. L. Brunt.

Occupation Centre.
Supervisor : Mrs. A. M. Horton.

PRINCIPAL OFFICERS (STAFF) OF VOLUNTARY ASSOCIATIONS ACTING AS AGENTS OF THE CITY COUNCIL.

Exeter Maternity and District Nursing Association.
Superintendent—Miss E. M. Bryant.
Secretary—Mrs. S. M. Walsh.

St. John Ambulance Association.
Organising Secretary—Captain F. G. Ireland.

Exeter Diocesan Association for the Care of Girls.
Social Worker—Miss P. M. Kevan.

GENERAL STATISTICS.

Area in acres, 9,035 (according to Registrar-General's census 1951)

Population, Civilian, 76,700.

Rateable Value, £847,470.

Sum represented by a penny Rate, £3,445.

VITAL STATISTICS.

Live Births :—

Legitimate, total 1,092 ; male 569, female 523.

Illegitimate, total 60 ; male 29, female 31.

Stillbirths, 20 (15 male, 5 female).

Stillbirth Rate, 17.0 per 1,000 total (live and still) births.

Birth Rate, 15.02 per 1,000 population

Deaths, total 1,016 ; male 516, female 500.

Death Rate (recorded) 13.2 per 1,000 population.

Corrected (by the Registrar-General's area comparability factor) 11.8 per 1,000 population.

Maternal Mortality Rate, Nil per 1,000 total births.

Tuberculosis Mortality Rate 0.29 per 1,000 population (pulmonary 0.28, non-pulmonary 0.01).

Infantile Mortality Rate, 41.6 per 1,000 live births (legitimate 39.3, illegitimate 83.3).

Deaths from Measles (all ages)	1
,, ,, Whooping Cough (all ages)	1
,, ,, Gastro-enteritis and Diarrhoea (under 2 years of age)	1
,, ,, Diphtheria (all ages)	Nil

NOTIFICATION OF BIRTHS.

1,575 notifications of live births, including 463 referring to mothers not living in the city, were received during the year ; only 3 notifications were made by doctors or relatives, all the rest being made by midwives.

OCCUPATIONS.

The principal occupations in the city are in the distributive trades, engineering, clothing, hotel and catering, and building trades and in administration.

The following table (Table I) provides some statistical information covering a period of ten years :—

Table I.

Mid-year Population.
(Registrar-General's estimates)

Year	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Exeter	68,180	69,070	72,910	74,160	75,150	76,590	77,260	76,200	76,600	76,700

Birth Rate.

Year	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Live Birth Rate : England and Wales	17.6	16.1	19.1	20.5	17.9	16.7	15.8	15.5	15.3	15.5
Live Birth Rate : Exeter	19.5	18.04	19.8	19.2	17.5	15.6	14.6	14.4	14.4	15.0
Percentage of illegitimate live births to total live births : (Exeter)	10.5	15.6	8.7	6.2	4.6	6.05	5.3	6.6	6.3	5.2

Death Rate.

Year		1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
England and Wales ...		11.6	11.4	11.5	12.0	10.8	11.7	11.6	12.5	11.3	11.4
Exeter	Crude	13.7	13.8	12.7	13.4	10.7	12.9	12.1	13.9	12.0	13.2
	Corrected*	—	—	—	—	—	11.7	10.9	12.5	10.8	11.8

*Corrected by application of the Registrar-General's comparability factor (which is at present .9) ; this factor takes into account the age and sex distribution in the city as compared with that in the country as a whole.

The mid year population was estimated by the Registrar General at 76,700 a very slight increase on the previous year's estimate and on the Census return in 1951, which was 75,479. The live birth rate at 15.0 per 1,000 was higher than in 1952, but lower than in the country as a whole.

The death rate per 1,000 of the estimated mid-year population at 13.2 (crude) and at 11.8 (corrected to allow for the age and sex distribution of the population in the city as compared with that of the population in the country as a whole) was higher than in 1952. The deaths from cardiac and allied disorders, respiratory diseases and cancer all shewed a slight increase over last year's figures. 15 deaths were ascribed to influenza, and the respiratory diseases were responsible for 33 more deaths than in the previous year. Tuberculosis mortality unfortunately rose ; there were 23 deaths being 2 more than in 1952 ; 22 of them were due to pulmonary tuberculosis as compared with 19 last year ; non pulmonary tuberculosis deaths were down to 1, the lowest on record.

EFFECT OF NEW METHOD OF ASSIGNMENT OF DEATHS.

Before 1953, if a patient died in an Exeter institution, but ordinarily lived outside the city, his death was assigned to that other area. By the Registrar General's direction, from January 1st, 1953 onwards, if a death occurred in an institution which was regarded as the normal residence of the inmate, the death was to be assigned to the area in which the institution was situated. Such institutions as almshouses, epileptic colonies, mental hospitals, orphanages, residential universities, homes for mentally defective children and hospitals for the chronic sick were, amongst others, included.

The significance of this to the death rate in Exeter can be readily understood especially as the City Hospital and Redhills Hospital both take large numbers of patients from outside the city. I would not have thought the Registrar General's proposals unreasonable if a method had been devised whereby persons who had been in an institution for a considerable time, say, twelve months or more, were to be counted as ordinarily resident there. Obviously, even so, for many who come into the Redhills Hospital and City Hospital the cause of death has begun to operate long before the person arrived in the City. I protested to the Registrar General about this and to the Society of Medical Officers of Health ; and medical officers of health of the cities generally were much disturbed. The effect of the Registrar General's system during 1953 can be seen from an analysis of the deaths registered of persons whose home addresses were given as outside the city, but who were in the City and Redhills Hospitals at the time of death. 82 such deaths were assigned to the City ; 39 of the patients had been in the hospital less than a month and a further 20 for less than six months, 2 for more than six but less than twelve months, and only 21 had been in for more than twelve months. It is quite clear that at least 61 of these should not have been credited to Exeter by any equitable system and if they had been excluded, the death rate would have been 12.6 ; if all of the 82 had been excluded, as they would have been in previous years, the death rate would have been 12.2 compared with 12.0 in 1952. Besides being unfair to the city, these changes invalidate comparisons with previous years.

I have dealt only with the City and Redhills Hospitals because so few deaths occur in other institutions listed and, in any case it seems reasonable that they should be assigned to Exeter.

The Registrar General has now, since 1st January, 1954, altered his system again so that in regard to the hospitals for the chronic sick only patients in the Welfare Part III Sections should be counted as persons with permanent residence and deaths in such persons only are to be assigned to the area in which the hospital is situated. This still means that deaths in persons who have come from outside the City into the Part III accommodation of Redhills Hospital will be assigned to the city no matter how short the stay in hospital. So far as the City Hospital is concerned there are now no Part III patients. So it will still be true to say that Exeter's death rate will be recorded as higher than it really is.

Table II.

DISTRIBUTION OF DEATHS BY AGE AND CAUSE.

REGISTRAR-GENERAL'S FIGURES 1953.

	Under 1		1—4*		5—14*		15—24*		25—44*		45—64*		65—74*		75 and over		Total		GRAND TOTAL
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Tuberculosis, respiratory	—	—	—	—	—	—	1	1	4	—	7	4	4	1	—	—	16	6	22
Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Syphilitic disease	1	—	—	—	—	—	—	—	—		—	—	—	—	—	—	1	—	1
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Other infective and parasitic diseases	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Malignant neoplasm, stomach	—	—	—	—	—	—	—	—	—	1	8	2	7	2	4	8	19	13	32
Malignant neoplasm, lung, bronchus	—	—	—	—	—	—	—	—	1	—	8	—	5	—	1	—	15	—	15
Malignant neoplasm, breast	—	—	—	—	—	—	—	—	—	1	—	5	—	6	—	6	—	18	18
Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	4	—	4	—	—	—	4	—	12	12
Other malignant and lymphatic neoplasms	—	—	—	—	—	—	—	2	2	—	19	10	19	14	14	14	54	40	94
Leukaemia, aleukaemia	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Diabetes	—	—	—	—	—	—	—	—	—	—	—	1	—	2	1	2	1	5	6
Vascular lesions of nervous system	—	—	1	—	—	—	—	—	—	—	10	12	19	24	26	52	56	88	144
Coronary disease, angina	—	—	—	—	—	—	—	—	1	—	27	6	29	15	25	17	82	38	120
Hypertension with heart disease	—	—	—	—	—	—	—	—	—	—	2	5	2	2	1	7	5	14	19
Other heart disease	—	—	—	—	—	1	—	—	1	2	7	8	24	21	45	88	77	120	197
Other circulatory disease	—	—	—	—	—	—	1	—	1	—	4	3	6	5	13	19	25	27	52
Influenza	—	—	—	—	1	—	—	—	—	—	2	—	3	1	3	5	9	6	15
Pneumonia	7	4	—	1	—	—	1	—	—	—	3	2	3	5	4	7	18	19	37
Bronchitis	—	1	—	—	—	—	—	—	—	—	13	2	11	3	14	7	38	13	51
Other diseases of respiratory system	—	1	—	—	—	—	—	—	2	—	3	—	1	—	1	—	7	1	8
Ulcer of stomach and duodenum	—	—	—	—	—	—	—	—	—	—	3	1	5	1	2	—	10	2	12
Gastritis, enteritis and diarrhoea	1	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	3	—	3
Nephritis and nephrosis	—	—	—	—	—	—	—	—	—	—	—	2	2	4	—	2	2	8	10
Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	—	6	—	6
Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital malformations	3	2	—	—	1	1	—	—	1	—	—	—	—	—	—	—	5	3	8
Other defined and ill-defined diseases	17	9	1	1	—	—	—	1	4	6	10	6	7	7	11	20	50	50	100
Motor vehicle accidents	—	—	—	—	—	—	1	—	1	—	4	2	—	2	—	—	6	4	10
All other accidents	—	1	—	—	—	—	1	—	2	1	1	2	—	3	2	2	6	9	15
Suicide	—	—	—	—	—	—	—	—	2	—	1	1	—	—	—	—	3	1	4
Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	30	18	2	2	3	2	5	5	22	15	133	78	147	120	174	260	516	500	1016

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*Throughout this report in the age tables 1—4 means over 1 year and under 5 years, 5—14 means over 5 years and under 15 years and so on.

Table III.

DEATHS BY SEX, AND CERTAIN AGE GROUPS.

	1953			1952			1951		
DEATHS AT :	*Total*	*Males*	*Females*	*Total*	*Males*	*Females*	*Total*	*Males*	*Females*
0—14	57	35	22	35	18	17	38	24	14
15—64	258	160	98	247	158	89	287	180	107
65 and over	701	321	380	640	306	334	735	327	408
	1,016	516	500	922	482	440	1060	531	529

DEATHS AT ALL AGES.

CAUSE :	1953	1952	1951
Infective	82	57	87
Cancer	172	152	180
Degenerative	546	500	564
Others	216	213	229
TOTAL	1,016	922	1,060

In this table : " Infective " includes Causes 1—9 and 22, 23 and 27.
" Cancer " includes Causes 10—15.
" Degenerative " includes Causes 16—21 and 29.
" Others " all the rest of the 36 Causes given in the Registrar-General's short classification of causes of deaths.

The alteration in the Registrar General's method of assignment discussed above invalidates any direct comparisons between the experience of recent years.

ACCIDENTAL DEATH.

The Registrar General ascribed 25 deaths (12 m., 13 f.) to accidental causes, including 10 (6 m., 4 f.) to motor accidents. Drowning accounted for 4 (3 m., 1 f.), suffocation for 1 female infant death, poisoning for 2 (f), cardiac failure following a fall for 1 (m), and acute heart failure accelerated by taking a harmful liquid for 1 (f). Fractures were the primary cause of 2 accidental deaths (1 m., 1 f.), and an accelerating factor in 4 (1 m., 3 f.) Only 7 of these deaths were in persons over 65 years of age.

There was 1 death (m) in which a fracture was recorded as an accelerating factor, and 1 death (m) in which an accidental wound infected with tetanus was stated to be a contributory factor, but these were not assigned as accidental deaths by the Registrar General.

MORTALITY IN CHILD-BEARING AND INFANCY.

The following composite table (IV) gives useful information regarding child-bearing and infancy for the past 20 years :—

Table IV.

MORTALITY IN CHILD-BEARING AND INFANCY IN EXETER 1934 — 1953.

Year	Maternal Deaths	Maternal Mortality Rate	Registered		Live Birth Rate	*Stillbirths* Rate per 1,000 total births	Neonatal Deaths (i.e. under 1 month)	Deaths over 1 month and under 1 year	Infant Mortality Rate per 1,000 live births	Stillbirths and neonatal deaths
			Live Births	Still-Births						
1934	3	2.8	1,021	42	15.1	39.5	27	30	55.8	69
1935	1	0.9	982	41	14.3	40.0	25	8	33.6	66
1936	2	2.09	915	42	13.3	43.9	29	28	62.3	71
1937	1	0.9	980	41	14.1	40.1	34	21	56.1	75
1938	1	0.9	1,010	48	14.6	45.3	32	25	56.4	80
1939	3	3.1	936	37	13.4	38.0	24	16	42.1	61
1940	2	1.8	1,012	37	13.7	33.7	26	15	38.7	63
1941	5	4.1	1,027	35	12.8	32.9	42	37	68.0	77
1942	3	2.7	1,065	31	14.4	29.2	32	21	49.8	63
1943	3	2.8	1,051	35	15.3	32.2	35	16	48.5	70
1944	8	5.8	1,334	36	19.5	26.3	32	27	44.2	63
1945	4	3.1	1,246	29	18.0	23.3	33	37	56.2	66
1946	4	2.7	**1,444**	42	**19.8**	28.3	45	25	48.5	67
1947	4	2.7	1,428	34	19.2	23.2	47	35	57.4	81
1948	2	1.5	1,316	42	17.5	30.9	**15**	9	**18.2**	57
1949	1	**0.8**	1,192	31	15.6	25.3	25	**5**	25.2	56
1950	1	0.9	1,130	22	14.6	19.1	28	8	31.8	50
1951	—	—	1,098	33	14.4	29.1	24	9	30.0	57
1952	1	0.9	1,101	27	14.4	23.9	18	6	21.8	**45**
1953	—	—	1,152	**20**	15.0	**17.0**	36	12	41.6	56

MATERNAL DEATHS IN 1953.

There were no maternal deaths.

INFANTILE MORTALITY.

The Infantile Mortality Rates for 1953 were as follows :—

England and Wales	26.8
160 Great Towns, including London (census populations exceeding 50,000)	30.8
160 Smaller Towns (census population 25,000 to 50,000)	24.3
London	24.8
Exeter	41.6

Table VI.

INFANT DEATHS IN 1953

Cause of Death.	Total	Neonatal		1st Year		M.	F.	Leg.	Illeg.	Post Mortem Exam. made	PREMATURE	Complications in Pregnancy.	Complications of labour.	Social circumstances unsat'y.	Place in family.									Housing unsatisfactory.
		Under 1 day	*1–28 days	1–3 months	3–12 months										1st.	2nd.	3rd.	4th.	5th.	6th.	7th.	8th. or over	Not known	
Difficult Labour and Intra-Cranial Haemorrhage	5	—	5	—	—	4	1	5	—	2	—	1	3	—	2	2	—	—	1	—	—	—	—	—
Congenital Abnormality ...	6	2	3	1	—	4	2	6	—	5	2	2	2	—	1	1	—	2	1	—	—	1	—	1
Prematurity only .	12	6	6	—	—	5	7	10	2	2	12	7	1	3	4	1	1	4	—	1	—	—	1	—
Lung Infection ..	14	2	5	3	4	9	5	13	1	10	7	3	1	1	5	4	1	1	1	—	—	1	1	2
Atelectasis	4	2	2	—	—	2	2	4	—	3	3	1	1	1	—	1	—	3	—	—	—	—	—	1
Gastro Enteritis ..	2	—	—	1	1	1	1	2	—	2	1	—	—	—	—	—	2	—	—	—	—	—	—	—
Rhesus Incompatability	1	—	1	—	—	1	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Accidental ..	1	—	—	—	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Other	3	2	—	—	1	3	—	3	—	3	1	1	—	1	—	3	—	—	—	—	—	—	—	—
TOTALS	48	14	22	5	7	29	19	45	3	27	26	15	8	6	12	12	5	10	3	1	—	2	3	1

*Over 1 and under 28 days.

The following table shows the infantile mortality rate in Exeter for the past ten years compared with the country as a whole :—

Table V.

Year	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
England and Wales	46	46	43	41	34	32	29	29.6	27.6	26.8
Exeter	44.2	56.2	48.5	57.4	18.2	25.2	31.8	30.0	21.8	41.6

INFANT DEATHS.

In Exeter it has been a very bad year for infant deaths : 48 children under 1 year of age died in 1953, of whom 36 died under 1 month of age and 12 between 1 month and 1 year ; the infant death rate was 41.6 per 1,000 live births. Twice as many babies under one year died in 1953 in the city as in 1952 ; this was true also both of the neonatal period (the first 28 days) and later. Prematurity, congenital abnormalities and lung infections played a prominent part in this very unhappy experience. Although the number of stillbirths, and the rate, were lower than in any previous year this does not in any way compensate for this heavy loss of infant life. It must also be said that 1953 was, speaking nationally, a good year for infants as the national infant death rate was very low at 28 per 1,000 live births.

Neonatal Deaths (i.e. within 28 days of birth).

Of the 36 neonatal deaths 14 died in the first 24 hours of life ; the eldest was aged 15 days ; 10 were first children and 20 were premature babies. Prematurity alone accounted for 12 deaths ; lung infections accounted for 7 deaths ; two children died of infection of the lungs on the first day of life (at 19 hours and 16½ hours). There were 4 deaths due to atelectasis (failure of the lungs to expand), 3 being in spontaneously delivered babies and the fourth in a forceps case. Cerebral injury was the cause of death in 5 cases, 3 being spontaneous births and 2 forceps deliveries. One death was from Rhesus incompatibility which did not respond to blood transfusions ; during two previous normal pregnancies this mother had had Rhesus Positive blood findings, which were found negative in 1953. This apparent contradiction cannot yet be explained.

In 1 case only was ante-natal supervision unsatisfactory, in an unmarried mother who worked for 7 months of pregnancy and gave birth to a premature child weighing 3 lbs. Seven cases of toxaemia in pregnancy occurred in this group, 2 being very severe, 1 with eclamptic fits and the other pre-eclamptic toxaemia. There were 5 cases of ante-partum haemorrhage. These 12 cases raise the question of the adequacy of the provision of ante-natal beds in the city for the care of mothers ill during the ante-natal stages of pregnancy with toxaemia etc.

DEATHS AT 1—12 MONTHS.

Twelve deaths occurred in children in the group 1—12 months. Five of these were premature children. 2 only were first children. Seven deaths were due to acute respiratory infections, a disappointing state of affairs in these days of sulphonamides and antibiotics. Can it be that the too frequent use of these drugs for minor conditions results in resistant strains of bacteria making them peculiarly dangerous to infants? For example, one child aged 11 months succumbed to broncho-pneumonia in spite of one course of penicillin and sulphonamides and another of penicillin and aureomycin. Altogether lung infections accounted for 14 deaths in 1953, but infections of the lungs occurring within 16—19 hours of birth are at first thought a little puzzling. One such case, a child who only lived 19 hours was delivered by forceps to relieve obstructed labour ; the clinical symptoms were those of cerebral irritation, but post-mortem examination revealed no gross damage in the brain, and microscopic examination of sections of the lung showed cells indicative of an acute inflammatory reaction.

STILLBIRTHS.

The stillbirth rate was 17.0 per 1,000 total births, the lowest on record in the city.

There were 20 stillbirths in 1953 and they can be divided into two groups.

The first group, consisting of 11 *premature births*, shows as the predominating cause of foetal death, (a) what are called, medically, " faults " in the mother, e.g. toxaemia and ante-partum haemorrhage and (b) " faults " in the unborn baby, e.g. congenital abnormalities and twin pregnancies. Of these 11 small infants 4 weighed less than 2¼ lbs., one shewing severe congenital abnormality, and one a toxaemic baby. Another 5 weighed 3 lbs. to 4½ lbs., 2 being twin (one of these was also toxaemic) and 1 congenitally abnormal ; toxaemic ante-partum haemorrhage in the mother accounted for the death of a fourth. Two others weighed 5¼ lbs. and 5½ lbs., the former being a twin and the latter showing severe congenital abnormalities, so in this group three were with congenital abnormalities and therefore unavoidable (in our present state of knowledge) ; 3 others were twins (and twin pregnancy always presents greater hazards than a single pregnancy) and 3 were toxaemic infants.

The second group consists of 9 *full term* stillbirths ; and here we have the other extreme, i.e. the large baby and the difficult labour. 3 of these infants were of less than normal birth weight, and weighed 6—6½ lbs., and 1 of these was born after a difficult labour. The other 6 were all big children, 3 were 8 lbs. and over, 2 over 9½ lbs. and 1 of 10 lbs. 5 oz. ; 4 of these big babies were first children. 2 (first babies) were post-mature ; the other 4 all had difficult births, 1 had cerebral haemorrhage due to pressure during birth, another was a forceps delivery, another a difficult breech delivery and the fourth was a big child born after a long, first labour.

It might be that the number of premature stillbirths (group one above) would be reduced by the provision of more ante-natal beds for the earlier and more prolonged treatment of toxaemia of pregnancy. Consideration of the second group shows that post-maturity is a hazard that cannot be dismissed lightly, nor can the risks attending the birth of a large baby when it is a first labour.

During the three years 1951-1953 of 79 stillbirths 37 were first labours : but it must be remembered the average size of the family is so small that the proportion of first labours is now high.

Table VII.

STILLBIRTHS, 1953.

			SEX					CAUSES								
	WEIGHT		Male	Female	Home Delivery	Hospital Delivery	Presumed died before Labour (Macerated)	Congenital Abnormality	Birth Injury	Difficult Labour	Cord Compression	Toxaemia	Rhesus Incompatability	Post Maturity	A.P.H.	Unknown
PREMATURE	3 lbs. 4 ozs. or under	5	2	3	1	4	4	2	—	—	—	1	—	—	—	2
	Over 3 lbs. 4 oz.—5½ lbs.	6	6	0	2	4	4	1	1	—	1	1	—	—	1	1
FULL-TERM	Over 5½ lbs.	9	4	5	—	9	2	—	1	*4	—	—	—	2	1	1
	TOTALS	20	12	8	3	17	10	3	2	4	1	2	—	2	2	4

*Post mortem examinations carried out in 3 cases.

Table VIII.

CAUSE OF STILLBIRTH	NUMBER OF THE PREGNANCY						
	First	2	3	4	5	6 and over	Unknown
Congenital Abnormality	1	1	1	—	—	—	—
Birth Injury	—	1	—	—	1	—	—
Difficult Labour	2	—	2	—	—	—	—
Cord Compression	—	—	—	1	—	—	—
Toxaemia	1	—	1	—	—	—	—
Post Maturity	2	—	—	—	—	—	—
A.P.H.	2	—	—	—	—	—	—
Unknown Cause	4	—	—	—	—	—	—
Total ..	12	2	4	1	1	—	—

ABORTIONS.

We do not know how many abortions (death of the unborn infant before it is capable of an independent existence) occur : the figure has been estimated at 20% of all pregnancies. Of course most of these abortions are natural and not induced. We know that 62 cases of abortion were cared for in hospitals in the city in 1953 and that during the same year 11 were cared for at home, making a known total of 5.9% of all pregnancies. This is, of course, a serious loss of infant life.

CANCER.

Very little has yet been done here in regard to education of the public in the recognition of the usual early indications of cancer in the breast and womb. I think we should be doing more than we are doing in this matter.

The following table shews deaths from cancer during the past ten years :—

Year	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Deaths	143	114	129	128	151	152	143	180	152	172

By the courtesy of Mr. Reginald M. Vick, I am able to shew the figures for new Exeter registrations at the Regional Cancer Bureau during 1953 ; they include all cases seen in hospitals and though not necessarily including all the cases that occur, it can be reasonably assumed that the great majority are registered. Registrations number 151, (almost as many as last year's record figure, but rather less than in 1951). The deaths, however, increased quite sharply to 172.

The age groups, 60 years and over, include 62% of all cases registered and 72% of all deaths. If we limit consideration to the over-70's we find 31% of all cases registered and 41% of all the cancer deaths are in this group. (Table IX). Cancer is clearly a disease of later life.

The respiratory tract cancers (lung, etc.), registered shewed an increase in the men as compared with 1952 and 1951 : the deaths in men were more than in 1952, but less than in 1951.

For the reasons stated in page 14 the death statistics are not quite comparable with those of previous years. 13 of the deaths from cancer were in patients not from Exeter who died in the City Hospital and Redhills Hospital : one of the patients only had been in for more than twelve months. In former years these deaths would not have been assigned to the City. They included deaths from cancer of the stomach (1), of the breast (3), of the womb (2) and of other sites (not pulmonary) 7.

Table IX.

NEW CANCER CASES IN EXETER RESIDENTS REPORTED IN 1953.

SITE		Under 20	20—29	30—39	40—49	50—59	60—69	Over 70	TOTAL
Buccal Cavity and Pharynx	M.	—	—	—	1	—	1	1	3
	F.	—	—	—	—	—	1	—	1
Digestive Organs and Peritoneum	M.	—	—	—	—	8	9	8	25
	F.	—	—	1	—	1	4	6	12
Respiratory System	M.	—	—	1	2	6	3	3	15
	F.	—	—	—	—	—	2	—	2
Breast	M.	—	—	—	—	—	—	—	—
	F.	—	—	—	4	6	9	9	28
Genito Urinary Organs	M.	—	—	—	—	2	3	5	10
	F.	—	—	2	6	7	3	6	24
Skin	M.	—	—	—	—	2	1	3	6
	F.	—	—	—	—	—	6	4	10
Other and unspecified sites	M.	—	—	—	—	4	2	—	6
	F.	—	—	—	—	—	—	1	1
Lymphatic and Haematopoietic tissues	M.	—	1	—	—	2	2	—	5
	F.	—	1	—	—	—	1	1	3
TOTAL		—	2	4	13	38	47	47	151

This table shews the great significance of breast and womb cancers in women (not infrequently fatal) and skin cancer in both men and women. Neither is difficult of recognition and the patient generally knows quite early that something is amiss.

Table X shews the deaths during the year set out in the classification adopted by the regional cancer organisation ; this is different from that used by the Registrar General which is included in Table II.

In addition, there were 14 deaths in which cancer was a contributory factor, though these were not assigned by the Registrar General as cancer deaths.

Table X.

CANCER DEATHS IN EXETER RESIDENTS IN 1953.

(with comparison below of figures for 1950 to 1952).

REGIONAL CANCER ORGANISATION'S CLASSIFICATION.

AGE.	Mouth and Throat	Digestive Organs and Peritoneum	Respiratory System	Breast	Genito Urinary including Uterus	Skin	Lymphatic Blood forming Organs	Other and unspecified Sites	Totals
				MALE.					
0—19	–	—	—	—	—	—	—	—	—
20—29	—	—	—	—	—	—	—	—	—
30—39	—	—	—	—	—	—	—	—	—
40—49	—	2	2	—	—	—	—	1	5
50—59	–	12	6	—	—	—	—	3	21
60—69	1	10	3	–	6	1	—	2	23
70 and over	1	22	5	—	10	—	—	1	39
TOTAL	2	46	16	—	16	1	—	7	88
				FEMALE.					
0—19	—	—	—	–	—	—	—	—	–
20—29	—	—	—	—	—	—	2	–	2
30—39	—	1	—	—	1	—	—	—	2
40—49	—	—	—	1	3	—	—	—	4
50—59	1	3	—	3	6	—	–	2	15
60—69	2	8	—	5	3	1	—	1	20
70 and over	–	22	—	9	6	1	1	2	41
TOTAL	3	34	—	18	19	2	3	5	84

Table XI.

CANCER DEATHS 1950-1952.

AGE.	Mouth and Throat	Digestive Organs and Peritoneum	Respiratory System	Breast	Genito Urinary including Uterus	Skin	Lymphatic Blood forming Organs	Other and Unspecified	Totals
1952									
MALE	3	40	13	—	9	—	4	2	71
FEMALE	1	39	5	14	10	—	3	6	78—149
1951									
MALE	5	32	20	1	19	1	3	11	92
FEMALE	—	34	6	21	19	—	2	2	84—176
1950									
MALE	3	40	22	—	1	1	—	2	69
FEMALE	2	35	3	14	15	—	1	3	73—142

PUBLIC WATER SUPPLY.

I am indebted to Mr. Brierley (City Engineer and Water Engineer) for much of the following information. Co-operation between our two departments is most satisfactory. The Public Health Laboratory Service in Exeter has always proved most helpful.

The method of treatment of the supply was in general the same throughout 1953 as that described in last year's report, viz. :— breakpoint chlorination of the raw water ; dosage with sulphate of alumina immediately before settlement in open reservoirs with about 18 hours' retention : filtration through pressure filters, including further application of alumina if necessary ; followed by lime treatment to neutralize acidity ; and terminal chlorination or dechlorination if required.

Generally speaking the initial breakpoint dose can be adjusted to produce the correct chlorine residual in the water at the filtration stage, but there were occasions early in 1953 when the residual chlorine was too high ; complaints about the taste were received. Apparatus was accordingly installed in April for removing excess chlorine by the application of sulphur dioxide. Similarly, if the residual was too low, or absent, after filtration a terminal dose of chlorine was applied.

The average dose of chlorine over the year was 3.45 parts per million ; of alumina .56 grains per gallon ; and of lime .43 grains per gallon.

The estimated population supplied direct was 81,350, and in bulk 2,200. The average daily consumption was 46.60 gallons per head.

Although the rainfall during 1953 was the lowest recorded since 1921, there were no restrictions on the supply.

With regard to analytical examinations of the supply a schedule of the examinations carried out by the Medical Research Council—Public Health Laboratory Service is set out in Table XII. Bacteriologically unsatisfactory findings in samples of the Danes Castle Reservoir in late June, 1953, led to investigations and it was found that the Northern half of the Reservoir was unsatisfactory, the Southern half being quite all right. The Northern half was taken out of service on the 21st July. It remained out of use for the rest of the year in order that internal repairs could be carried out and a waterproof coating placed on the roof to prevent any surface pollution percolating through cracks in the concrete.

Commencing in April, 1953, we have had monthly samples examined by the Laboratory to ascertain the progressive state of the water in passing through the Works from the River Exe to the outlets of the service reservoirs.

During the year we also introduced the quarterly examination of samples taken at premises where the supply is used in the manufacture of mineral waters, alcoholic drinks, ice cream, etc.

The Public Analyst made quarterly chemical analyses of the raw water and quarterly bacteriological examinations of both raw and filtered waters. He also tested for plumbo-solvency and reported that neither raw nor purified water exhibited any significant action on lead. Illustrative results are set out in Table XII.

Mr. Hoyle (the Council's Sewage Works Manager and Chemist) also carried out one chemical analysis of the raw and filtered waters.

PRIVATE DOMESTIC WATER SUPPLIES.

As usual, a survey of the wells in the city was made in 1953 :

Number of known wells in the city used for domestic purposes		24
These are situated as follows :—		
Northern District	16	
Western District	5	
Southern District	2	
Eastern District	1	
Central District	0	
Number of farms, including 6 dairy farms, served by these wells		7
Number of dwellinghouses served by these wells ..		20
Number of persons served		100

The water supplies at the dairy farms served by wells were sampled during 1953 by the sanitary inspectors and examined by the Public Health Laboratory service. The results were as follows :—

Presumptive Coliform. Count per 100 *ml.*	*Number of samples.*
Less than 1	7
1 — 10	2
11 — 50	—
50+	14

Where the farm water supplies proved unsatisfactory the milk production officer, Devon Agricultural Executive Committee was informed.

The tenants of all the premises where the water supply has a high bacterial count have been warned to boil water used for drinking purposes.

SEWERAGE AND SEWAGE DISPOSAL.

The City Surveyor informs me that further flood relief works were carried out during the year at Blackall Road and Union Road. Minor Sewer improvements were also carried out in various parts of the City.

PUBLIC CONVENIENCES.

We are co-operating with the Surveyor's Department in regard to the improvement of the standard of amenities in the public conveniences. The central public convenience in Catherine Street has free hand washing facilities (hot and cold water, soap, towels) which have been much appreciated by the public. The new convenience at Trinity Street has free hand washing facilities (no hot water). I hope these arrangements will be made generally available in the interests of health and hygiene. The standards of the past are by no means good enough for a modern " comfort station."

Table XII.

EXETER PUBLIC WATER SUPPLY.

BACTERIOLOGICAL ANALYSES OF SAMPLES TAKEN IN 1953 : EXAMINED BY PUBLIC HEALTH LABORATORY SERVICE.

	No. of Samples	Presumptive B. Coli count per 100 millilitres				
		0	1-2	3-10	11-50	50+
WATER AFTER TREATMENT.						
(a) AT WORKS	31	29	1	1	—	—
(b) ON CONSUMERS' SUPPLY : DANES CASTLE RESERVOIR ZONE	165	113	14	20	18	—
INTERMEDIATE ,, ,, ...	27	26	1	—	—	—
MARYPOLE HEAD ,, ,, ...	11	10	1	—	—	—
BARLEY LANE ,, ,, ...	13	13	—	—	—	—
(c) OTHERS :— BUILDING SITES, NEW MAINS, ETC.	26	15	1	5	4	1
TOTAL	273	206	18	26	22	1

Table XIII.

Detailed Analysis of Raw and Filtered Water is set out below :

	Results Expressed in Parts per 100,000		
	Raw Water		Filtered Water
	19/1/53.	20/7/53.	16/6/53.
Chlorine as Chlorides	1.2	1.1	3.20
Nitrogen as Nitrites	trace	slight trace	nil
Nitrogen as Nitrates	0.18	0.08	0.1
Nitrogen as free and Saline Ammonia	0.0086	0.0086	0.005
Nitrogen as Albuminoid Ammonia	0.0075	0.0064	0.0025
Total Hardness	6.9	5.7	7.8
Temporary Hardness	3.7	3.1	5.7
Permanent Hardness	3.2	2.6	2.1
Total Solids	11.0	9.5	12.4
Suspended Solids	0.2	0.1	nil
Oxygen absorbed 4 hrs. 27°	0.05	0.05	0.09
pH.	7.2	7.3	7.4
Chlorine as free chlorine p.p.m.	—	—	—
Plumbo-solvency 24 hrs.	—	—	0.05
B. Coli, per 100 ml.	250	1800	0.1
Streptococcus, per 100 ml.	2	15	—
Microbes : 72 hrs. at 22° per ml.	450	650	—
48 hrs. at 37° per ml.	40	85	—

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR FOR THE YEAR 1953.

SANITARY ADMINISTRATION.

General Summary.

Number of visits made during the year	15,442
Number of samples taken	1,155
Number of carcases inspected	41,909
Total weight of foodstuffs condemned	124 tons

SUPERVISION OF FOOD SUPPLIES.

During the year, the inspectors again devoted a great deal of time to the supervision and improvement of premises where food is prepared and served, particular attention being paid to licensed premises, school canteens and school kitchens.

1. *Licensed Premises.*

Tests of the "clean" glasses used at these premises and bacteriological tests on the water used for rinsing purposes indicated a very unsatisfactory state of affairs.

As mentioned in the report for 1952, provided a suitable bactericide with an automatic dispenser is used, I have accepted the principle of a single-sink routine for washing glasses.

Twenty-five more dispensers were fitted during the year and forty-three per cent. of the houses in the city are now equipped. Unfortunately, while the brewers are sympathetic to our aims, we have encountered a certain amount of resistance from the tenants. Their criticism is based on the age-old cry of cost, but when it is realized that two hundred glasses can be sterilized for three-half-pence, their objections appear to be without much merit.

Improvements—The details of improvements effected during the year at the licensed premises, are as follows :

Number of automatic dispensers fitted	25
Number of water-heaters installed	3
Number of premises where sanitary accommodation was improved	5
Number of metal sinks provided	1
Number of cellars repaired or improved	2

2. *School Canteens.*

(*a*) *Local Education Authority Schools.*

Regular visits were made to the kitchens supplying school meals and to the various canteens where these meals are served. A high standard of cleanliness has been maintained.

During the year three additional canteens were started and talks on hygienic practice were given to the staffs.

(*b*) *Other Schools.*

Visits were also made to schools not under the control of the local education authority. Conditions at first were not quite up to our requirements, but a steady improvement is being maintained.

3. *Factory Canteens.*

Factory canteens were again regularly inspected and conditions were satisfactory.

4. *Market.*

There is one market in the city where fruit, vegetables, etc., are sold and ninety-three inspections were made during the year. There are adequate sanitary and washing facilities for stallholders.

5. *Food Premises Generally.*

The following food premises are situated in the city :

Butchers	71
Cooked Meats	9
Bakers and Confectioners	68
Fresh Fish	21
Fried Fish	28
General provisions	215
Greengrocers	79
Cafes and Restaurants	31
Snack Bars	10
Dairies	34
TOTAL	566

Registered Food Premises (Food and Drugs Act, 1938, s.14).

There are 268 premises in the city registered under Section 14 of the Food and Drugs Act, 1938, and these are made up as follows :

Storage and sale of ice-cream	201
Manufacture, storage and sale of ice-cream	8
Preparation or manufacture of potted, pressed, pickled or preserved food	36
Preparation or manufacture of sausages or potted, pressed, pickled or preserved food	21
Preparation or manufacture of sausages	2
TOTAL	268

All food premises were visited on an average of eight times each during the year and improvements effected were as follows :

Premises redecorated or repaired	58
Hot water supply installed and/or sinks fitted	2
Glass screens, cases, etc., provided	12
Refrigerator provided	2
Metal-topped cutting tables provided and/or table-tops renewed	2
Water-closet facilities improved	4

6. *Efficiency of Dish-washing Machines in Restaurants and Hotels.*

Tests to assess the efficiency of the dish-washing machines used in the catering establishments in the City showed conditions to be generally satisfactory. Where the results were unsatisfactory, investigation revealed the fault to lie with personnel rather than with the machines.

7. *Meat.*

(*a*) *Abattoir.*

The government is committed to a policy of " moderate concentration " of slaughtering and in February the Minister of Food appointed a Committee, now called the Siting Committee, to prepare a plan recommending in what localities slaughterhouses should be sited for the slaughter of livestock. It is expected that this Committee will issue in August, 1954, their recommendations on the siting of abattoirs, which will determine the degree of concentration and it is confidently expected that an abattoir at Exeter will be suggested. If this proves to be the case, it is hoped that the City Council will immediately press on with the provision of new premises where animals can be slaughtered with the minimum of suffering and hygienic practises can be maintained.

The number of animals slaughtered and inspected, and the reasons for condemnation are set out below in the form prescribed by the Ministry of Health.

Table XIV.

	Beasts.	*Calves.*	*Sheep and Lambs.*	*Pigs.*
Number slaughtered	6,536	4,501	25,438	5,167
Number inspected	6,542	4,504	25,630	5,233
Diseases except Tuberculosis :				
Whole carcases condemned . .	47	127	348	88
Carcases of which some part or organ was condemned	1,444	112	5,629	768
Percentage of number inspected affected with disease other than tuberculosis	68.6	5.3	23.3	16.4
Tuberculosis only.				
Whole carcases condemned . .	76	15	—	23
Carcases of which some part or organ was condemned	800	1	—	338
Percentage of number inspected affected with tuberculosis . .	13.3	0.35	—	6.9

The percentage of animals affected with tuberculosis shews no great variation from year to year.

(*b*) *Congenital Tuberculosis in Calves.*

During the year, fourteen calves were found to be affected with congenital tuberculosis, as compared with seventeen in 1952 : an incidence of 0.31 per cent. The animal health division of the Ministry of Agriculture and Fisheries again collaborated in an endeavour to trace the dams and six were slaughtered under the Tuberculosis Order, 1938.

(*c*) *Cysticercus Bovis.*

This is the cystic stage of a tapeworm, Taenia Saginata, which is transmissible to man. The regular inspection of all beef carcases for this parasite was continued during the year and three were found to be infected to a minor degree.

(*d*) *Meat Transport.*

After consultations with the Exeter Group Manager of the Road Haulage Executive, British Road Services and the local secretary of the Transport and General Workers' Union, it was arranged that the men engaged on the transportation of meat should have clean coats and head-coverings twice a week and this has led to a more satisfactory standard of cleanliness among the men employed. I am of the opinion there is still room for improvement and I hope that forthcoming legislation will give us greater authority in this connection.

8. *Condemnation of Food.*

During the year nearly seven tons of food, apart from meat, were condemned, involving the issue of 1,819 certificates. Most of this food was boiled and used for pig feeding. The remainder was buried at the council's tip.

9. *Milk.*

The report of the working party on quality milk production was issued during the year. The report confirms that there has been some deterioration in the compositional quality of milk in England and Wales over the past thirty years. It noted that the decline in solids-not-fat is more marked than in fat, and as the solids-not-fat is a valuable source of protein, the working party makes various recommendations for effecting an improvement.

It is pleasing to note they do not accept the principle of payment for milk on a compositional basis, but it was, in my view, regrettable that an absolute standard for milk was not advocated.

The working party records that the average composition of milk produced in England and Wales at present is estimated to be 3.56 per cent. fat and 8.70 per cent. solids-not-fat. The average from the ninety-six samples (excluding Channel Islands milk) taken in Exeter during the year proved to be very near this average, viz. : 3.51 per cent. fat and 8.76 per cent. solids-not-fat.

Specified Area—It is understood that towards the end of 1954 the Minister of Food, as empowered by Section 23 of the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, will specify Exeter and district as an area in which only milk which is heat-treated or is from a tuberculin tested herd may be sold. This will prevent the sale of raw, undesignated milk, which although at a low level in the city, was always a potential source of danger.

Quality (Composition) and Bacterial Quality.

The following tables indicate the chemical and bacterial quality of milk sold in the city during the year :

(*a*) *Chemical.*

CLASSIFICATION	*No. of Samples.*	*Fat %*	*Non-fatty solids %*
T.T. (Channel Islands) (Farm Bottled)	1	4.1	9.7
T.T. (Farm Bottled)	15	3.46	8.93
T.T. (Channel Islands)	3	4.06	8.98
T.T.	8	3.64	8.81
Pasteurized	47	3.6	8.97
T.T. (Pasteurized)	1	3.23	8.41
T.T. (Channel Islands) (Pasteurized)	2	3.8	9.05
Ungraded	24	3.71	8.71

(*b*) *Bacterial.*

School Milks (Pasteurized)

Number of samples taken	79
Number of samples satisfactory	78

Designated Milks, other than School Milks.

(i) *Pasteurized Milk.*

Number of samples taken	53
Number of samples satisfactory	53

(ii) *Tuberculin Tested (Farm Bottled) Milk.*

Number of samples taken	121
*Number of samples satisfactory	95

*It was again noted that the failure of these milks to pass the prescribed tests occurred during the period June to September.

As the prescribed test is not quite so severe during the warmer months of the year, the explanation of this failure appears to be in the farmers' concentration on harvesting during this period.

(iii) *Tuberculin Tested (Pasteurized) Milk.*

Number of samples taken	46
Number of samples satisfactory	45

(iv) *Tuberculin Tested (Channel Island) (Pasteurized) Milk.*

Number of samples taken	23
Number of samples satisfactory	23

Biological Tests for Tubercle Bacilli.

All milks consumed in the City are normally tested quarterly for the presence of tubercle bacilli. Owing to two outbreaks of salmonellosis among the laboratory guinea-pigs, however, it was impossible to adhere to this programme throughout the year.

Eleven undesignated and fifty-four designated milks were sampled, and one designated sample proved to be positive. This matter was referred to the local authority in whose area the milk was produced and arrangements were made for the milk to be pasteurized.

Dairies.

There are thirty-four premises in the city registered as dairies under the Milk and Dairies Regulations, 1949, and these were visited monthly. After my representations, an improved type of protective clothing was introduced in one of the larger dairies.

10. *Ice-Cream.*

(*a*) *Cleanliness.*

245 samples of ice-cream were taken during the year and gradings, according to the bacteriological standards suggested by the Ministry of Health were as follows :—

Grade I.	Satisfactory	63%	= 85%
Grade II	,,	22%	
Grade III	Unsatisfactory	11%	= 15%
Grade IV	,,	4%	

The grading of ice-cream according to the method of manufacture is as follows :—

		Hot Mix. (233 *samples*)	*Cold Mix.* (12 *samples*)
Grade I	Satisfactory	63%	75%
Grade II	,,	22%	17%
Grade III	Unsatisfactory	11%	—
Grade IV	,,	4%	8%

(*b*) *Quality* (*Composition*).

The Food Standards (Ice Cream) Order, 1953, which came into operation on the 1st June, prescribed the following standard for ice-cream : 5% fat, 10% sugar and 7½% milk solids other than fat ; compared with the previous standard of 4% fat, 10% sugar and 5% milk solids other than fat.

The average composition of the ice-cream sampled in the city as shown by the fifty-three samples taken was : fat 9.74%, total solids 35.68%, which is well above the legal standard.

(*c*) *Manufacturers.*

There are eight premises in the city where ice-cream is manufactured ; seven manufacturers use a hot mix and one a cold mix. The premises were visited on an average once a month and conditions generally were satisfactory.

(*d*) *Sale of Ice-Cream from Vans, etc.*

Vans, tricycles, barrows, etc., from which ice-cream was sold were inspected regularly and found to be satisfactory.

11. *Food and Drugs Act,* 1938—*Sampling and Legal Proceedings.*

During the year, 109 samples of milk and 100 samples of other foods were procured ; 120 were formal and 89 informal ; the table (Appendix " A ") shows the various commodities sampled.

The following samples were found to be below standard and details of the action taken is shown in Appendix " B."

Milk	10
Hot Milk	4
Ice-Cream	5
Dairy Butter Mints	2
Sausages	1
Dripping	1
Double-strength Seidlitz Powder	1
TOTAL	24

Prosecution.

During the early part of the year it was found necessary to take proceedings under the Food and Drugs Act, 1938, against a cafe proprietor in the city, because of his dirty premises and utensils. The case was proved and the defendant fined £2 on each of five counts.

Sausages—Meat Content.

As from the 1st March, the control over the minimum meat content of sausages was lifted and a survey recently carried out indicates that since decontrol there has been a decline in the meat content of sausages. I understand that representations are now being made to the Minister of Food to introduce a statutory standard of composition for sausages, etc.

12. *Food Hygiene—Educational Activities.*

Every opportunity is taken of giving talks, aided by film-strips, to personnel engaged in the handling of foodstuffs and to those organizations, such as townswomen's guilds and licensed victuallers' associations, which show an interest in this matter. Requests for such talks are encouraged, but after a great deal of experience in this connection, I have formed the opinion there is an urgent need for a really good film on the subject. The various films and film-strips available are most disappointing.

13. *Merchandise Marks Act.*

270 visits were made during the year to ensure that the provisions of this Act were being observed. Apart from some verbal warnings, it was not found necessary to take any action.

14. *Labelling of Food Order.*

We continue to examine the labels of the various commodities on sale to the public, to ensure that they meet the requirements of this Order. The only problem that arose was in connection with a cider vinegar. It appeared from the pamphlet issued with this product that the vinegar was almost a panacea. On going into the matter, I found that extravagant claims of a nutritional or dietary value could not adequately be dealt with under existing legislation, but the new food and drugs bill appears to cover this.

HOUSING.

During the year, representatives of the Health Committee met the House-Letting Committee with a view to arranging an increase in the allocation of houses to people living in sub-standard dwellings. There was no real conflict of opinion on this vital matter, but the shortage of new houses was painfully manifest.

The opinion of the Health Committee that more emphasis should now be placed on the demolition of unfit houses has been vindicated by the new Housing Repairs and Rents Bill. The new legislation will call for the restarting of the slum-clearance work interrupted by the war and a revolutionary proposal contained in the Bill is the principle of "deferred demolition," whereby houses which may be properly condemned as unfit for human habitation may be acquired by the local authority and "patched-up" to provide reasonable accommodation for the time being.

Another proposal is that landlords may increase the rents of houses up to a certain maximum. This repairs increase is payable only if the dwelling is in good repair and if the dwelling is reasonably suitable for occupation.

It is proposed that the tenant may apply to the local authority for a certificate that the conditions justifying the increase have not been met and there is little doubt that this will mean additional work for the department.

(A) *Remedy of defects during the year without the service of formal notices :*

Number of dwellinghouses rendered fit in consequence of informal action	85

(B) *Proceedings under Sections* 9, 10 *and* 16 *of the Housing Act,* 1936 :

(i) Number of dwellinghouses in respect of which formal notices were served requiring repairs 8

(ii) Number of dwellinghouses which were rendered fit after service of formal notices :

(a) by owners 7

(b) by Local Authority in default of owners 4

(C) *Proceedings under the Public Health Acts* :

(i) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied 2

(ii) Number of dwellinghouses in which defects were remedied after service of formal notices :

(a) by owners 1

(b) by Local Authority in default of owners 1

(D) *Proceedings under Sections* 11 *and* 13 *of the Housing Act,* 1936 :

(i) Number of dwellinghouses in respect of which Demolition Orders were made 2

(ii) Number of dwellinghouses demolished in pursuance of Demolition Orders 2

(iii) Number of dwellinghouses rendered fit in consequence of undertaking given by owners 2

(iv) Number of dwellinghouses in respect of which undertaking from owners accepted not to relet houses for human habitation 23

(E) *Proceedings under Section* 12 *of the Housing Act,* 1936 :

(i) Number of separate tenements or underground rooms in respect of which Closing Orders were made 8

(ii) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit .... —

(F) *Proceedings under Sections* 10(1) *and* 11 *of the Local Government (Miscellaneous Provisions) Act,* 1953 :

(i) Number of dwellinghouses in respect of which closing orders were made 4

(ii) Number of dwellinghouses in respect of which demolition orders were revoked and closing orders made 1

(G) *Housing Act,* 1936—*Overcrowding.*

(i) (a) Number of dwellings known to be overcrowded at the end of the year	51
(b) Number of families dwelling therein	77
(c) Number of persons	337
(ii) Number of new cases reported during the year	33
(iii) (a) Number of cases of overcrowding relieved during the year	39
(b) Number of persons concerned in such cases	289
(iv) Particulars of any cases in which dwellinghouses again became overcrowded after the Local Authority had taken steps for the abatement of overcrowding	—

(H) *Rent and Mortgage Interest Restriction Acts :*

No applications were received for certificates of disrepair under the provisions of these Acts during the year under review.

RODENT CONTROL.

1. *Complaints.*

286 complaints were received during the year ; these were made up as follows :—

	TYPE OF PREMISES.			
	Agricultural and Business	*Private*	*Local Authority*	*Total*
Rats	42	96	21	159
Mice	27	93	7	127
TOTALS	69	189	28	286

A further twenty-two rat infestations were discovered as a result of inspections and these were treated.

2. *Inspection and Treatment.*

TYPE OF PREMISES.	*Inspections.*	*Treatments.*
Business	1,166	180
Private	2,202	361
Local Authority	955	170
TOTALS ..	4,323	711

3. *Sewer Treatment.*

Bi-annual Treatment of Sewers and Examination of manholes.

The bi-annual treatment of sewers, as required by the Ministry of Agriculture and Fisheries, was carried out in January and July.

In between the two treatments, because dislodged baiting trays were causing obstruction, 1,883 manholes were inspected, 502 baiting trays made secure and 28 new trays fitted.

Advantage was taken of this survey to test bait each manhole and as a result eighty-two were found to be infested.

The result of the January and July treatments was as follows :

Number of Manholes Treated.		*Complete Takes.*	*Partial Takes.*	*No Takes.*
(a) JANUARY	470	50	59	361
(b) JULY	82	44	38	—

4. *Details of Operations.*

Details of operations in the form required by the Ministry of Agriculture and Fisheries are set out below.

	TYPE OF PROPERTY				
	Local Authority	*Dwelling houses*	*Agricultural*	*All others*	*Total*
Total number of properties in district ..	431	19,386	49	4,000	23,866
Number of properties inspected during year as a result of :					
(a) notification ..	874	1,804	—	858	3,536
(b) otherwise ..	81	398	17	308	787
					4,323
Number of properties found to be infested by rats : (a) major ..	—	—	—	—	—
(b) minor ..	43	96	—	42	181
Number of properties found to be infested by mice	7	93	—	27	127
Number of infested properties treated ..	50	189	—	69	308
Number of Notices served :					
(a) treatment ..	—	—	—	—	—
(b) proofing ..	—	—	—	—	—

Number of cases in which default action was taken, following the issue of notices	Nil.
Legal proceedings taken	Nil.
Block Control schemes carried out	13

SMOKE NUISANCES.

During the year, complaints were received of the dust nuisance arising from Exmouth Junction. We found that in one house sixteen pounds of dust had drifted into the roof-space over a period of seventeen months. An analysis of the dust showed it to be composed mainly of a mixture of coal-dust, partly burnt coal and ash.

Some of this dust comes from the coaling hopper, some from the clearing of fireboxes and some from the funnels of locomotives. Representatives of the British Railways discussed the problem with me. We agreed that nothing could be done to eliminate the dust which comes from the locomotive chimneys and as the ashes tipped from the furnaces were continually being wetted it was thought that nothing more could be done in this connection, so our discussions centred on reducing the dust from the coaling hopper. The engineers have agreed to install more efficient water sprays to wet the coal in the trucks before it is hoisted to the top of the hopper and to fit a different type of spray at the end of the chutes where the engines are coaled. Experiments are being conducted to determine the best type of spray for the purpose. They also agreed to recommend that, subject to wind-tunnel tests on a model proving it to be practicable, some form of hood should be built on the hopper to prevent the dispersal of dust caused by filling the hopper.

It is obvious that the only real solution to this problem is the elimination from our railways, of locomotives which pollute the atmosphere, but as it will be many years before this materializes we must reconcile ourselves to the fact that the tenants of one of our best housing estates will have to suffer this nuisance.

I think it would be an advantage if a wide, quick-growing belt of tall trees were planted between Prince Charles Road and the railway fence.

Eight other complaints of nuisance arising from smoke, grit, dust or fumes, were received during the year and these were all dealt with satisfactorily.

NOISE NUISANCES.

Seven complaints of noise nuisance were received during the year. Four complaints were in respect of noisy machinery, one arose from the keeping of pigeons, another regarding noise from a public house and the other from the noisy behaviour of the occupants of an upstairs flat.

Two complaints in respect of noisy machinery were, in my opinion, justified. One of these has been satisfactorily dealt with and the other is still receiving attention.

PLANS OF NEW BUILDINGS.

We continue to collaborate very closely with the city architect's department on the perusal of the plans of new buildings. Ninety-one sets of plans were examined during the year and we paid particular attention to the ventilation of shops and basements being erected in the central area.

COMMON LODGING HOUSES.

During the year, the responsibility for the registration of keepers of common lodging houses and the inspection of their premises was transferred to the Health Committee..

Two applications for registration under Sections 236-239 of the Public Health Act, 1936, were received and after inspection of the premises and receipt of a report from the chief fire officer it was decided that improved fire-escape facilities would be necessary before registration could be effected.

Improvements were carried out to our satisfaction in one case and in the other an undertaking was given to carry out the necessary work as soon as money became available.

Registration of the keepers was effected from 1st August, for a period of twelve months.

FERTILIZERS AND FEEDING STUFFS.

Nine samples of fertilizers and sixteen of animal feeding stuffs were taken during the year.

The irregularities detected and the action taken were as follows :—

Feeding Stuff :	
National Pig Food No. 2.	Percentage of oil exceeded stated amount by 0.46 per cent.
No. 1 Dairy Nuts.	Percentage of oil exceeded stated amount by 0.8 per cent.
Baby Chick Mash.	Percentage of oil exceeded stated amount by 0.55 per cent. (In these three cases letters were sent to the manufacturers drawing attention to the irregularities).

Meat and Bone Meal.	Percentage of oil 1.4 per cent deficient of the stated amount. Amount of phosphoric acid omitted from the statutory statement. Matter referred to the Ministry of Agriculture and Fisheries who advised that proceedings should not be instituted on this occasion. Strong warning letter sent to manufacturers.
National Pig Food No. 2.	Percentage of Fibre 2.2% deficient of the stated amount. After consultation with the analyst it was decided that no action should be taken.
Special Dairy Nuts.	Percentage of oil exceeded stated amount by 1.39 per cent.
Winter Layers' Mash.	Percentage of oil exceeded stated amount by 0.8 per cent. (In both these cases letters were sent to the manufacturers drawing attention to the irregularity).
Grass Meal.	Albuminoids exceeded stated amount by 1.4 per cent. Ministry of Agriculture and Fisheries advised that no action be taken.
Balancer Meal.	Percentage of oil exceeded stated amount by 0.54 per cent. Percentage of fibre 2 per cent deficient of the stated amount. Matter referred to manufacturers who promised to check ingredients more carefully in future.
Pig Fattening Meal.	Percentage of oil exceeded stated amount by 0.4 per cent.
Fine Wheatfeed.	Percentage of fibre 3 per cent deficient of the stated amount. (In both these cases letters were sent to the manufacturers drawing attention to the irregularity).

Rag Flock and Other Filling Materials.

The following samples were taken during the year :—

Coir Fibre	4
Feathers	3
Rag Flock	3
Unused Cotton Felt	2
Cotton Felt	1
Cotton Millpuff	1
Kapok	1
New Curled Hair	1
New Fibre Pad	1
Rag Flock, layered	1
Reconditioned Hair	1
Washed Flock	1
Total ..	20

The irregularities detected and the action taken were as follows :—

Feathers.	Average total impurities were 2.5 per cent. against the permitted maximum of 2 per cent. Proceedings were instituted against the manufacturers and they were fined £10 and ordered to pay £1 1s. 0d. costs.
Unused Cotton Felt.	Trash content averaged 10.8% against the permitted maximum of 7.5 per cent. Letter sent to manufacturers who stated that excess trash content was due to a defect in their machinery which had since been rectified. In view of this explanation no further action was taken.

GENERAL SANITARY INSPECTIONS, ETC.

Bakehouses.

Number in city	24
Number of underground bakehouses in city	1
Number of inspections made	199
Number of contraventions found	7
Number of contraventions remedied	7
Number of contraventions outstanding at end of the year	—

Bed Bugs, etc.

Number of inspections made	292
Number of council houses :	
(i) found to be infested	28
(ii) disinfested by this department	28
Number of other houses :	
(i) found to be infested	40
(ii) disinfested by this department	40

Infested rooms are sprayed with a solution containing D.D.T. and verminous bedding is treated by steam at the disinfesting station.

Forty nests of wasps, bees and hornets were destroyed during the year.

Cesspools.

Number emptied, cleansed, etc.	1

Cinemas, etc.

Number of cinemas, etc., in city	4
Number of inspections made (all satisfactory)	41

Closets.

Number of water closets repaired or reconstructed	18
Number of walls, etc., cleansed	7
Number of flushing apparatus provided, repaired or renewed	17
Number of new water closet pans or pedestals provided	9
Number provided with a supply of hot water	—

Drains.

Drains constructed or reconstructed	26
Tests to new drains	34
Tests to existing drains	106
Repaired or cleansed	53
New inspection chambers	10
Additional gullies	3
Sink waste-pipes repaired or renewed	7
Soil and ventilating pipes repaired or renewed	2

Offensive Trades.

Number of businesses in city	12
Number of inspections made	32
Number of contraventions found	—

Fried Fish Shops.

Number of fried fish shops in city	28
Number of inspections made	141
Number of contraventions found	4
Number of contraventions remedied	4

Infectious Diseases, etc., Disinfections.

†Number of visits re food poisoning, etc.	124
Number of rooms disinfected	100

†Routine investigations of infectious diseases are made by the health visitors.

Sanitary Defects Remedied.

(1) *Dampness* :

Number of roofs renewed or repaired	47
Number of rainwater gutters and pipes repaired	31
Yard Surfaces repaired or relaid	9
Yard drainage improved	5

(2) *Interior Work* :

Number of rooms cleansed and limewashed	11
Number of walls repaired	55
Number of floors repaired	33
Number of chimney stacks repaired or rebuilt	2
Number of firegrates repaired or renewed	20
Number of washboilers repaired or renewed	2
Number of ceilings repaired	34
Dampness remedied	24
Lighting remedied	3
Offensive accumulations removed	20

Table XV.

Factories (*including Bakehouses*), (*Factories Act*, 1937, *ss*. 1-7).

(1) INSPECTIONS for purposes of provisions as to health :

Premises.	Number on Register	Number of Inspections	Number of written notices	Occupiers prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	44	97	24	—
2. Factories not included in 1. in which Section 7 is enforced by Local Authority	403	617	58	—
3. Other premises in which Section 7 is enforced by Local Authority (exclud'g Out-workers' premises)	72	305	18	—
Totals	519	1,019	100	—

(2) Cases in which DEFECTS were found :

Particulars.	No. of cases in which defects were found.				No. of cases in which prosecutions were instituted.
	Found.	Re-medied.	Referred		
			To H.M. Inspector.	By H.M. Inspector	
Want of cleanliness (S. 1)	8	4	—	2	—
Overcrowding (S. 2)	—	—	—	—	—
Unreasonable temperature (S. 3)	2	1	—	—	—
Inadequate ventilation (S. 4)	2	2	—	—	—
Ineffective drainage (S. 6)	—	—	—	—	—
Sanitary Conveniences (S. 7) :—					
(*a*) Insufficient	15	21	—	2	—
(*b*) Unsuitable or defective	125	149	—	4	—
(*c*) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	25	16	10	2	—
Totals	177	193	10	10	—

(3) List of OUTWORKERS :

NATURE OF WORK.	Number of Outworkers.
Wearing Apparel (Making, etc.)	43
Curtains and Furniture Hangings ..	11
Furniture and Upholstery	2
Jewellery Repairs	1
Church Embroidery	3
The making of Cardboard Boxes ..	22
TOTAL ..	82

APPENDIX "A"

SAMPLES TAKEN UNDER THE FOOD AND DRUGS ACT, 1938.

Milk	96
Milk (Appeals-to-herd)	5
Hot Milk (from restaurants)	8
Ice-Cream	53
Iced lollies	10
Beef Sausages	4
Butter	2
Cheese	2
Cider Vinegar	2
Dairy Butter Mints	2
Pork Sausages	2
Uncooked Pastry	2
Whisky	2
Almond Oil	1
Beer	1
Brandy	1
Butter Crunch	1
Chewing Gum	1
Diluted Orange Squash	1
Dripping	1
Effervescent Soft Drink	1
Fruit Wine (Non-Alcoholic)	1
Gin	1
Ground Pepper	1
Honey	1
Honey and Butter Sweets	1
Hydrogen Peroxide	1
Seidlitz Pdr. (Double Strength)	1
Shredded Suet	1
Sugar Confectionery	1
Synthetic Cream	1
Table Jelly Tablet	1
TOTAL	209

APPENDIX " B "

Food and Drugs samples reported below standard.

No. of Sample.	Article.	Adulteration.	Action Taken.
89	Milk (Formal)	Presumed 2% added water. Freezing-point test indicated 1% added water.	Warning letter sent to Producer.
90	Milk (Formal)	4% deficient in fat	Warning letter sent to Producer.
92	Hot Milk (Formal) ..	Presumed 1% added water. Freezing-point test indicated 2% added water.	Warning letter sent to Vendor.
94	Hot Milk (Formal) ..	Presumed 30% added water. Freezing-point test indicated 31% added water.	Warning letter sent to Vendor.
95	Hot Milk (Formal) ..	2% added water presumed and 28% deficient in fat; freezing-point test indicated 4% added water.	Warning letter sent to Vendor.
97	Seidlitz Pdr. (Double-strength) (Informal)	Consisted of Extra-Strong Seidlitz Powder.	Verbal warning given to Vendor.
102	Dripping (Informal)	2.5% deficient in saponifiable matter ..	Warning letter sent to Vendors.
107	Beef Sausages (Informal)	14% deficient in meat	Followed-up with formal sample which proved genuine.
111	Hot Milk (Formal) ..	Freezing-point test indicated 1% added water	Warning letter sent to Vendor.
114	Milk (Formal)	Presumed 1% added water. Freezing-point test indicated 1% added water.	Producer interviewed and warned.
117	Milk (Formal)	Presumed 1% added water. Freezing-point test indicated 3% added water	Extraneous water due to defective bottling plant which was repaired.
119	Milk (Formal)	Freezing-point test indicated 1% added water	Warning letter sent to Producers.
120	Milk (Formal)	18% deficient in fat	Proceedings against Producer were instituted but case was dismissed by magistrates.

APPENDIX " B "—(*Continued*).

Food and Drugs samples reported below standard.

No. of Sample.	Article.	Adulteration.	Action Taken.
134	Milk (Formal)	6% deficient in fat	Warning letter sent to Producer.
147	Milk (Formal)	Presumed 2% added water. Freezing-point test indicated 4% added water	Water due to leaking cooler at Producer's premises. Warning letter sent.
213	Ice-Cream (Informal) . .	16% deficient in milk solids other than fat . .	Followed up with formal sample No. 218.
214	Ice-Cream (Informal) . .	27% deficient in milk solids other than fat . .	Followed up with formal sample No. 219.
218	Ice-Cream (Formal) . .	6% deficient in milk solids other than fat	Whole milk used in recipe. Analyst stated depression in solids-not-fat probably due to addition of sugar, fat and emulsifiers to whole milk. Warning letters sent.
219	Ice-Cream (Formal) . .	30% deficient in milk solids other than fat	
225	Milk (Formal)	12% deficient in fat	" Appeal-to-herd " sample indicated milk was sold as it came from the herd.
239	Ice-Cream (Informal) . .	50% deficient in milk solids other than fat . .	Followed up with formal sample which proved to be genuine.
256	Milk (Formal)	Presumed 13% added water. Freezing-point test indicated 12% added water	Producers prosecuted and fined £5 and ordered to pay £4 4s. 0d. costs.
286	Dairy Butter Mints (Informal)	40% deficient of the proper proportion of butter fat.	Followed up with formal sample No. 294.
294	Dairy Butter Mints (Formal)	37% deficient of the proper proportion of butter fat	Warning letter sent to manufacturers and undertaking received that in future this confectionery would contain proper percentage of butter fat.

HOUSING.

The City Architect and the City Housing Manager have given me the following information about the housing position in the city. Details concerning this department's activities under the Housing Acts are set out in accordance with the Housing (Consolidated) Regulations 1925 and 1932, on page 38.

During 1953 there were 445 houses built and 2 rebuilt making the estimated total of houses in the city 19,303. Since the last war 2,630 houses have been built and 226 rebuilt. There were 2,687 applicants on the Council's housing waiting lists at the end of 1953.

The Housing Manager has kindly given me the following information as to the present demands on his department for housing accommodation.

ANALYSIS OF TENANCY APPLICATIONS REGISTERED AS AT 30TH NOVEMBER, 1953. TO SHOW TYPES OF ACCOMMODATION REQUIRED.

Accommodation Required.				Applicants Approved.	Applicants in Cat. " A "	Other Applicants.
Type.		*No.*	%			
1 bed,	persons under 60 years	702	26%	3	18	681
	persons over 60 years	158	6%	12	4	142
2 bed		1,141	43%	97	40	1,004
3 bed		547	20%	53	21	473
4 bed		106	4%	1	6	99
More than 4 bed		26	1%	—	1	25
TOTALS ..		2,680		166	90	2,424

NOTE.—This estimate is based on the provision of the minimum number of bedrooms to satisfy the applicants' present needs.

Details of housing inspections by my department are shewn on pages 38 and 39.

REFERENCES IN SUPPORT OF APPLICATIONS FOR REHOUSING.

I make representations from time to time to the Housing Committee in favour of families whose circumstances justify support for health reasons from this department. The Housing Committee, in its very difficult task, has been very sympathetic. On our side we ensure that we only support cases with very good grounds for their applications.

89 families were referred in 1953 : just under half (42) were rehoused ; just over a quarter (25) were approved for housing ; the remainder either were not approved or lapsed (11 each). The details regarding the tuberculous families referred (included in these figures) are set out on page 86.

LABORATORY WORK.

The Public Health Laboratory Service (Director, Dr. B. Moore) undertakes the bacteriological examination of specimens of public health importance, and during the year 1,502 were examined for us. In years gone by, it is pretty safe to say, most swabs would have been throat and nasal swabs examined for diphtheria and haemolytic streptococci, but now it is mainly in the search for the organisms of dysentery, food poisoning and other intestinal infections that the laboratory helps us. Determining sensitivity of organisms to different antibiotics is also an important laboratory help to the practitioner. About one-eighth of all the swabs taken were positive : a considerable number were repeat specimens from known cases. Faecal and rectal swabs numbered 1,120 (about one-seventh of which were positive), throat and nose swabs 256 (about one-eighth of which were positive), and blood examinations of water works employees 21. In addition, there were 273 examinations of samples of the public water supply discussed on page 29.

Dr. Stewart Smith, Area Pathologist, Royal Devon and Exeter Hospital, examined blood samples of expectant mothers for Rhesus incompatibility, a very important matter because it may cause serious or fatal disease in the baby and because it is necessary to know about it if ever blood transfusion for the mother becomes necessary ; at the same time blood grouping and the possibility of constitutional disease is also investigated. Owing to a change in the hospital records system it has not been possible this year to ascertain, without quite disproportionate effort, how many city mothers were so examined in 1953.

I am grateful to Dr. Moore and Dr. Stewart Smith for their unfailing helpfulness.

INFECTIOUS DISEASE.

Apart from measles and whooping cough the notifiable infectious diseases were not prevalent during 1953. Influenza which is not notifiable was epidemic in the city in January and February.

INFLUENZA.

The first occurrence of influenza in 1953 was in the Topsham Barracks in January where about 80 cases were involved. Most of them had to go to bed, with fairly typical symptoms, headache, pain in limbs, congested throat, pain in chest and (in a few cases only) vomiting. By courtesy of the Barracks Medical Officer I saw some of these men. The first case was on 13th January ; the great majority of cases sickened about 19th January and we suspected it had been imported from Wiltshire (Salisbury, Pewsey).

Naso-pharysycal washings taken by Dr. Moore's staff shewed Virus A.

Shortly afterwards it was about in the city and continued until the end of February. Further nasal washings early in February shewed Virus A positive again. It was an unpleasant, rather than severe, winter but there was a lot of sickness, colds and ' flu.' School absenteeism mounted to 20% early in February, about half of which was due to colds and ' flu.' The old people suffered considerably. Working people shewed the effect too, the new sickness notifications in the area (wider than the city) to the Ministry of Labour numbering more than double the usual weekly number by the middle of February, after which they declined. The rate of rise however was much slower than in the 1951 influenza epidemic, and the epidemic was not in fact so severe in extent. Nevertheless, the death rate in the city was much higher during the first quarter than in the corresponding quarter of 1951, and this was attributable to influenza and respiratory illness.

FOOD POISONING.

1. *Local Authority.* Exeter County Borough. *Year.* 1953.

2. *Food Poisoning Notifications (corrected) returned to Registrar General.*

First Quarter.	*Second Quarter.*	*Third Quarter.*	*Fourth Quarter.*	*Total.*
1	11	1	3	16

3. *Outbreaks due to identified agents.*

Total Outbreaks, 4 ; Total Cases, 8.

Outbreaks due to :—

(a)	Chemical Poisons	Nil.
(b)	Salmonella Organisms	4
(c)	Staphylococci (including toxin)	Nil.
(d)	Cl. Botulinum	Nil.
(e)	Other bacteria	Nil.

4. *Outbreaks of undiscovered cause.*

Total Outbreaks, 1 ; Total Cases, 2.

5. *Single Cases.*

Agent identified.	*Unknown cause.*	*Total*
6*	Nil.	6

*In one of these cases the agent was S. bovis-morbificans and in the other five cases it was S. typhi-murium.

Of the 16 cases of food poisoning in Exeter in 1953 (5 more than in 1952), 11 occurred in the second quarter and the remaining five were spread evenly over the rest of the year. One outbreak of two cases was probably due to tinned meat consumed outside the city. The patients fell ill during their journey to Exeter: no causative organism was isolated. The remaining cases were due to organisms of the Salmonella typhi-murium group, except one case which was caused by an infrequently encountered organism, Salmonella bovis-morbificans, identified at the Salmonella Reference Laboratory in London. Of these 16 cases of food poisoning, five cases were in children under 5 years of age, two of them found at Child Welfare Clinics to be suffering from diarrhoea.

Scarlet Fever.

In 1953 there were 83 cases of scarlet fever notified, this being about one third of the incidence in 1952. The incidence was heaviest in the last quarter of the year and least in the third quarter. There were no deaths. One of the cases occurred in a family which runs a milk producing farm in Exeter. Two members of the family were put off milking, which was then done by the farmer's wife. In order to keep the farm a functioning and productive unit, a member of the medical staff called daily and examined the wife for any signs of infection until the incubation period was past. A case of scarlet fever occurred where the father was a milk handler in the distributive trade, and he was put off duty until the incubation period was safely passed. I believe myself that apparently healthy contacts of scarlet fever, who are working in food premises (other than milk workers) should be allowed to work provided they are supervised daily by a doctor, and this is arranged here where exclusion would cause hardship. It is a practice which will increasingly be followed.

Malaria.

One case of malaria occurred in Exeter in 1953 in a patient who had landed in this country in March, having travelled from Tanganyika. While there, he had been on suppressive paludrine and had continued to take the drug on the boat home. He responded to a therapeutic course of the same drug given by his own doctor. As a blood film was not taken it is not known which particular form of the causal parasite was the causative agent.

Meningococcal Meningitis.

3 cases of meningococcal meningitis occurred in Exeter in 1953, one in a baby who was admitted to a hospital in Exeter from an address in the County, and was later so diagnosed while in the hospital. All three cases made a satisfactory recovery.

Erysipelas.

11 cases of erysipelas occurred in Exeter during the year. All recovered satisfactorily, and none had to be admitted to hospital.

POLIO-ENCEPHALITIS.

One case of polio-encephalitis occurred in Exeter in 1953 in a man aged 47. For some time he presented a considerable diagnostic problem ; after discharge from the Isolation Hospital, he attended at another hospital for out-patient treatment and observation.

POLIOMYELITIS.

In 1953 twenty cases of illness were sent to the Isolation Hospital or referred to the Health Department as suspected acute poliomyelitis. It is illustrative of the diagnostic difficulties in this disease that only six of these cases turned out to be A.P.M. and of these, three were non-paralytic. The cases that turned out not to be A.P.M. included cases of paralysis due to nerve injury, constipation, tonsillitis, encephalitis, meningitis, rheumatic fever and rheumatism.

The six cases were evenly spread between the four quarters of the year—one in the first, two in each of the second and third, and one in the fourth quarter. There was one severe case where a man aged 43 had picked up his infection in the Midlands and developed his first symptoms, including dragging of the leg, in the train while on his journey south. One case occurred in an Exeter school-child aged 6 years, one case was in a man aged 31 years, and another in a young and very athletic man aged 20 years ; these cases were non-paralytic. Of the remaining two cases, one was diagnosed in the Royal Devon and Exeter Hospital, having been admitted from the Crediton area, and the other, who was a woman student at the University College of the South West, probably picked up her infection in Europe whilst on holiday. Thus of these six cases, three appear to have picked up their infection outside Exeter.

ENTERIC FEVER (PARATYPHOID AND TYPHOID FEVERS).

Two cases of Paratyphoid " B " Fever occurred in Exeter in 1953. The first was in a junior nurse living in a Hospital. No clue to the source of infection was found despite careful enquiries, both here and in Cornwall which she had visited at the relevant times. At first we were suspicious of clotted cream made in Cornwall, but this was finally exculpated. The organism isolated at the Public Health Laboratory was found to be of an unusual Vi-phage type which had been found in a small number of separate outbreaks in other places in England and Wales during the preceding months. An epidemiologist from the Medical Research Council visited the city in the hope of linking the cases together in some way (by tracing any foodstuffs distributed on a wide scale and eaten by the various sufferers in different places) but no convincing clues were found.

The second case occurred in a young married woman resident in Exeter. Within the possible limits of her incubation period she had been out of the city, to Ealing and Clacton. Again it proved impossible to trace the source of infection, in spite of co-operation from the Medical Officers of Health. The patient made an uninterrupted clinical recovery and though not excreting any bacteria in her faeces or urine, had not yet completed the (quite stringent) full test of clearance at the end of the year.

No cases of Typhoid Fever occurred in Exeter in 1953.

MEASLES.

Measles, of which only 31 cases had occurred in Exeter in 1952, was epidemic in 1953. In all there were 1,949 cases. The epidemic built up from 89 cases in January, through 323 cases in February, to a maximum of 875 cases in March. April first showed a decline with 518 cases, May only had 68 cases and June 32 cases. The third quarter of 1953 showed that the epidemic was at an end, for only 12 cases occurred in that quarter, and in the last quarter there were only 14 cases. There was one death from measles pneumonia in 1953 in a child aged 15 years who was a spastic case.

This epidemic was not unexpected, as 1951 had been an epidemic year with 2,153 cases beginning in February and it may be that measles is re-asserting its ordinary epidemic cycle, which appeared to alter at the outbreak of the 1939-1945 war.

DYSENTERY.

In contrast to the City's epidemic of Sonne Dysentery in 1952 (137 cases) was its experience in 1953 when only 45 cases were notified ; of these 32 were in the first half of the year. As the majority (28) of these occurred in four institutional outbreaks, even though dysentery is notoriously under-notified—the disease cannot have been widespread in the community. The really interesting questions still remain unanswered, viz. was the infection kept going from 1952 by symptomless carriers, and if so, what caused these cases to flare up ; or was the disease imported afresh ? In addition to these 45 cases of dysentery, seven carriers were found on routine swabbing. Details of the procedure followed by the Health Department both for the ascertainment and follow-up of cases until they cleared themselves of infection, and for the protection of the community against further spread, were set out in my Report for 1952.

The institutional outbreaks were as follows :—

(1) 3 cases (including the cook) at the Infants Department at the Royal West of England Residential School for the Deaf, Exeter.
(2) 12 cases among patients and staff of the Children's Ward at the City Hospital, Exeter.
(3) 8 cases in the Burnthouse Lane Day Nursery and in other members of the affected families.
(4) 5 cases in Digby Mental Hospital, Exeter.

Thus there were only 17 cases reported during the year in the community outside institutions. There were no deaths.

WHOOPING COUGH.

In 1953 there were 354 notified cases of whooping cough. As is often the case this disease was present throughout the year, but most cases occurred in the second quarter (135) and in the third quarter (123). There was one death from Whooping Cough in the city during the year in a child aged one month. In this connection the figures for Whooping Cough vaccination are of interest. (See page 81).

Table XVI.

PUERPERAL PYREXIA, 1953.

By the regulations, Puerperal Pyrexia means the occurrence of a temperature of more than 99.4°F. in the mother at any time within 14 days after the confinement.

Cases Notified	Cases notifiable if old regulations were still in force	CAUSES	Confinement at :	
			Home	Hospital
12	7	Uterine or Pelvic	5	7
19	7	Breasts (engorgement-mastitis)	7	12
13	3	Respiratory	5	8
14	7	Urinary	6	8
10	5	Other Causes	4	6
9	2	Unknown	3	6
77	31		30	47
		TOTAL	77	

These cases are investigated by the Non-Medical Supervisor of Midwives in conjunction with Dr. Iris Ward (Assistant Medical Officer of Health). Little comment is needed. In no instance was any special action by the Department called for.

Table XVII.

NOTIFIABLE DISEASES NOTIFIED DURING THE YEAR 1953 AFTER CORRECTION FOR CHANGE OF DIAGNOSIS. (including Non-Exeter cases).

DISEASE	AGES OF CASES NOTIFIED													Cases admitted to Isolation Hospital
	Under 1	1—	2—	3—	4—	5-9	10-14	15-19	20-34	35-44	45-64	65 and over	Total	
Scarlet Fever		2	2	5	8	55	5	3	3				83	42
Dysentery	7	3	6	3	4	7		1	6	3	1	4	45	7
Food Poisoning		1	2	2				1	3	3	2	2	16	3
Erysipelas						1			1	4	4	1	11	
Ophthalmia Neonatorum	9												9	
Poliomyelitis—Paralytic						2				1			3	2
Poliomyelitis—Non-Paralytic									3				3	3
Influenzal-Pneumonia		1		1		1		1	7	6	16 (1)	17 (2)	50 (3)	
Pneumonia					1	5		1	2	2	7 (1)	17 (2)	35 (3)	
Puerperal Pyrexia								7	62	8			77	
Measles	33	157	200	259	289	950	37	10 (1)	9	3	2		1949 (1)	29
Whooping Cough	38 (1)	27	38	45	58	143	2	1	2		1		355 (1)	12 (1)
Malaria											1		1	
Typhoid, Para. B.								1	1				2	2
Meningococcal Infection	2					1							3	1
Acute Encephalitis											1		1	1

Figures in brackets represent deaths.

Table XVIII.

EXETER CASES OF INFECTIOUS DISEASE NOTIFIED DURING 1953.

After Correction both for Residence and for Revised Diagnosis.

Disease.	Ages of Cases Notified													Cases admitted to Isolation Hospital
	Under 1	1—	2—	3—	4—	5-9	10-14	15-19	20-34	35-44	45-64	65 and over	Total	
Scarlet Fever		2	2	5	8	55	5	3	5				83	41
Dysentery	6	3	6	3	2	7		1	6	3	1	4	42	7
Food Poisoning		1	2	2				1	3	3	2	2	16	3
Erysipelas						1			1	4	4	1	11	
Ophthalmia Neonatorum	7												7	
Poliomyelitis—Paralytic						1							1	1
Poliomyelitis—Non-Paralytic									3				3	2
Influenzal-Pneumonia		1		1				1	7	5	16 (1)	19 (2)	50 (3)	
Pneumonia					1	5		1	3	2	7 (1)	16 (2)	35 (3)	
Puerperal Pyrexia								5	50	4			59	
Measles	33	157	199	259	289	945	37	10 (1)	9	3	2		1943 (1)	26
Whooping Cough	38 (1)	27	38	45	58	143	2	1	2		1		355 (1)	12 (1)
Malaria														
Typhoid, Para. B.								1	1				2	2
Meningococcal Infection	1					1							2	1
Acute Encephalitis														

Figures in brackets represent deaths.

Table XIX.

MONTHLY INCIDENCE OF NOTIFIED CASES OF INFECTIOUS DISEASE DURING 1953 AFTER CORRECTION FOR CHANGES OF DIAGNOSIS.

DISEASE.	Jan.	Feb.	Mar.	Apr.	May.	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL.
SCARLET FEVER	9	5	6	10	6	8	5	1	2	7	14	10	83
DYSENTERY	11	2	4	1	1	13	6	2	—	—	5	—	45
FOOD POISONING	—	1	—	—	—	11	1	—	—	3	—	—	16
ERYSIPELAS	—	1	—	3	1	—	2	—	—	1	1	2	11
OPHTHALMIA NEONATORUM	1	—	2	2	2	1	1	—	—	—	—	—	9
POLIOMYELITIS—PARALYTIC	1	—	—	—	—	2	—	—	—	—	—	—	3
POLIOMYELITIS—NON-PARALYTIC	—	—	—	—	—	—	1	—	1	1	—	—	3
INFLUENZAL-PNEUMONIA	4	22	13	2	—	1	-	—	1	3	2	2	50
PNEUMONIA	2	11	6	2	4	2	—	3	—	—	3	2	35
PUERPERAL PYREXIA	6	8	14	9	7	2	8	—	7	5	6	5	77
MEASLES	78	309	854	569	77	35	4	9	—	3	8	3	1949
WHOOPING COUGH	18	13	26	25	56	53	63	33	25	14	16	13	355
MALARIA	—	—	—	1	—	—	—	—	—	—	—	—	1
TYPHOID Para B.	—	—	—	1	—	—	—	—	1	—	—	—	2
MENINGOCOCCAL INFECTION	—	—	—	1	1	—	—	—	—	—	1	—	3
ACUTE ENCEPHALITIS	—	—	—	—	—	—	—	—	—	1	—	—	1
TOTAL													2643

Table XX.

MONTHLY INCIDENCE OF EXETER CASES OF INFECTIOUS DISEASE NOTIFIED DURING 1953 AFTER CORRECTION FOR CHANGES OF DIAGNOSIS.

DISEASE.	Jan	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL
SCARLET FEVER	9	5	6	10	6	8	5	1	2	7	14	10	83
DYSENTERY	9	2	4	1	1	13	6	1	—	—	5	—	42
FOOD POISONING	—	1	—	—	—	11	1	—	—	3	—	—	16
ERYSIPELAS	—	1	—	3	1	—	2	—	—	1	1	2	11
OPHTHALMIA NEONATORUM	1	—	2	1	2	—	1	—	—	—	—	—	7
POLIOMYELITIS—PARALYTIC	—	—	—	—	—	1	—	—	—	—	—	—	1
POLIOMYELITIS—NON-PARALYTIC	—	—	—	—	—	—	1	—	1	1	—	—	3

Continued overleaf.

Continued from previous page.

DISEASE.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL
INFLUENZAL-PNEUMONIA	4	22	13	2	—	1	—	—	1	3	2	2	50
PNEUMONIA	2	11	6	2	4	2	—	3	—	—	3	2	35
PUERPERAL PYREXIA	6	6	9	8	5	2	6	—	5	4	3	5	59
MEASLES	77	309	851	567	77	35	4	9	—	3	8	3	1943
WHOOPING COUGH	18	13	26	25	56	53	63	33	25	14	16	13	355
MALARIA	—	—	—	—	—	—	—	—	—	—	—	—	—
TYPHOID Para B.	—	—	—	1	—	—	—	—	1	—	—	—	2
MENINGOCOCCAL INFECTION	—	—	—	—	1	—	—	—	—	—	1	—	2
ACUTE ENCEPHALITIS	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL													2609

THE BLIND.

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.

	CAUSE OF DISABILITY.			
	Cataract	*Glaucoma*	*Retrolental Fibro-plasia*	*Others*
(i) No. of cases registered during the year in respect of which paragraph 7(c) of form B.D.8 recommends : (a) No Treatment ..	4	3	—	13
(b) Treatment (Medical), Surgical or Optical)	4	3	—	*14
(ii) No. of cases at (i) above, which on follow-up action, have received treatment ..	2	2	—	9

*One partially sighted child (included above) was suffering from Myopia.

4 children not included above in respect of whom no form B.D.8 was received were ascertained as partially sighted. The causes were :—

Optic atrophy (1) ;
Nystagmus (2) ;
Macular degeneration (1).

The treatment referred to above was almost always medical or optical and in no case was a patient decertified as a result of treatment. In fact generally speaking treatment was intended to help the general health and morale rather than in the hope of remedying the visual defect itself.

OPHTHALMIA NEONATORUM.

7 cases of ophthalmia neonatorum were notified, all were treated at home, and in none was the vision left impaired.

SPASTICS AND EPILEPTICS.

Spastics.

Cerebral palsy cases, now quite well known to the public as spastic cases, range from minor and almost unnoticeable muscle stiffness in one limb to severe stiffness in most of the muscles of the body, especially on voluntary efforts to move them, sometimes with severe writhing contortions (athetosis) and sometimes with mental defectiveness. In severe cases the handicap is enormous and in itself may lead quite wrongly to the impression of mental defectiveness, though it must be admitted a very considerable proportion of these cases have suffered an arrest of mind. These defects are due usually to incomplete development or injury at birth or occasionally to post-natal disease. Public sympathy has now been aroused on behalf of " spastics " by various Associations : and here in Devon we are fortunate in having an excellent school—the Dame Hannah Rogers School at Ivybridge—for their education. But its accommodation is limited and only children with a fairly high intelligence quotient can be taken. There was one Exeter child in attendance at the end of 1953, but one has been admitted since and one is awaiting admission. We have one spastic child attending the Occupation Centre in the City. Some " spastics " are not attending any school or institution. The milder cases can attend ordinary schools and are there supervised by the School Health Service. After school, they come under the care of the general practitioner.

No scheme for the handicapped (other than the deaf, blind, partially deaf and partially sighted) under the National Assistance Act, 1948, has been approved for submission to the Ministry. There is no specific scheme of after-care for these cases under the Local Health Authority's proposals, but the Mental Health Service supervises the welfare of those who are mentally ill, if requested, prior to or upon discharge from hospital, and those who are mentally defective, but all the services of the Authority are available so far as needed and asked for.

The Chairman of the Ministry of Labour Disablement Advisory Committee (Dr. H. Hall-Tomkin) has recently advocated a co-ordinated scheme of training embracing all public and voluntary agencies (with which this City is well endowed) for the severely handicapped persons of the area.

By arrangement with the Exeter Office of the Ministry of Labour and National Service and at the suggestion of one of the general practitioners in the City, 25 letters asking for certain information were sent out through that department to all on their list as disabled from epilepsy or cerebral palsy, and 14 replies were received. I explained to the people concerned that their names were not known to me and that any information given would be treated as confidential if they so desired and I did not ask for the name of the employers. From all our various sources of information we have the following picture of the number of epileptics and spastics in the City.

We know of 32 spastics (9 men and 3 women and 9 boys and 11 girls). 1 of the women is also an epileptic. 9 of these are also known to be mentally defective, viz. 2 men, 3 women, 2 boys and 2 girls. The known incidence is, therefore, rather less than 1 in 2,000 persons. All the adults live at home. Only 2 of the men are unemployed (1 man being mentally defective and the other T.B.) and the 3 women are also mentally defective and unemployed. The other 7 men are all holding light jobs. Of the 3 girls of school age who are at home, 1 was a notified mental defective (ineducable) and 2 were at the end of the year awaiting admission to Ivybridge Special Residential School.

Table XXI.

TABLE OF KNOWN "SPASTICS."

AGE GROUPS.	*Sex*		*At Home*	*In Hospital*		*Resid'ntial Special School*	*Day School*	*St. Loye's Training College*	*Occupation Centre*
	M.	*F.*		*Mental*	*General*				
0—4 years	4	2	5	—	—	—	—	—	1
5—14 years	5	9	3	—	—	3	7	—	1
15—64 years	9	3	10	—	—	—	—	2	—
65 plus years	—	—	—	—	—	—	—	—	—
TOTALS	18	14	18	—	—	3	7	2	2

EPILEPTICS.

In the same way we know of 77 epileptics (32 men, 24 women, 9 boys and 12 girls)—an incidence of 1 per 1,000 of the population.

Of the 37 adults (22 men and 15 women) at home, 19 men are working, 3 are unemployed and 7 of the women are working, 4 are married and doing household tasks and 4 are unemployed. 3 of the women are supervised as mental defectives.

It is clear that one or two consider that their handicap exposes them to difficulties and dislike. On the whole, however, there is no doubt the public attitude to epileptic persons is more sympathetic and understanding than in the past, as indeed it should be. Most of these persons can work quite well provided they have a sympathetic employer and in some cases the epilepsy is so well controlled and attacks so infrequent that it has very little or no adverse effect on their work.

Table XXII.

TABLE OF KNOWN EPILEPTICS.

AGE GROUPS	*Sex*		*At Home*	*In Hospital*		*Special School*	*Day School*	*Colony*	*Hostel*
	M.	*F.*		*Mental*	*General*				
0—4 years	2	2	4	—	—	—	—	—	—
5—14 years	7	10	3	2	—	—	12	—	—
15—64 years	29	21	35	12	—	—	—	1	2
65 plus years	3	3	2	2	2	—	—	—	—
TOTALS	41	36	44	16	2	—	12	1	2

NATIONAL ASSISTANCE ACTS, 1948 AND 1951.

REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION.

During 1953 an elderly lady was removed against her will to the City hospital by court order secured under these Acts as she was ill and living in grossly insanitary circumstances and unable to give herself or to secure proper care and attention. She was later admitted to a mental hospital under certificate. She had previously been removed under the Acts during 1950, and had made quite a fair recovery.

MEDICAL EXAMINATIONS MADE ON BEHALF OF THE COUNCIL.

Medical examinations for admission to the superannuation scheme, sickness, or on return to employment after sickness, for Civil Defence courses, etc., numbered 166 ; 13 X-ray examinations were made.

As far as possible the services of the mass miniature radiography unit when visiting Exeter are used for the periodic examination of Council and other staffs closely concerned with young children, in order to detect and eliminate tuberculosis as a risk to susceptible children. 13 Chest X-ray examinations were made on this account.

CHILDREN'S COMMITTEE.

The Medical Officer of Health is the Medical Adviser to the Children's Committee ; the Children's Homes and the Residential Nursery are visited quarterly by Dr. Jessie Smith for general medical supervision ; individual medical care is given by a general practitioner. Miss Jean Taylor, M.B., M.R.C.P., was appointed part-time medical officer to the Homes in the place of Dr. Fayle-Seale who retired at the end of the year after good and friendly service to the Homes.

CHILD NEGLECT.

The constitution, functions and method of working of the Child Care Committee were described in detail in the Annual Report for 1952, and the Committee continued its work in 1953 with few changes in personnel or methods. Dr. Smith (Senior School Medical Officer) was asked to join the Committee in view of her knowledge of school children. Miss Kevan, the City Case Worker and Moral Welfare Worker for the Exeter Diocesan Association for the Care of Girls, was also invited to sit on the Committee.

The monthly meetings of the Committee have always been longer than has been desirable and the volume of work grew more in 1953 rather than less. The Committee is dealing in the main, with a hard core of cases. In an attempt to ease the volume of work the system of " dormant files " was instituted. A case that has appeared to have improved sufficiently is classified as " dormant " ; this means that each quarter a report is called for from the Health Visitor. If this report is satisfactory no more is done in the case but another report is called for again in another quarter's time and so on until a year has elapsed, when the case is automatically brought before the Committee for closure. If any of the quarterly reports prove unsatisfactory then the case is at once brought before the next meeting of the Committee. As regards the cases that are " closed " a report is called for from the Health Visitor once a year and the cases are discussed by the Committee only if this is indicated.

Dr. Hill, head of the Sociology Department of the University College of the South West, sent one student from his department at a time to the Child Care Committee meetings.

27 cases were carried over from previous years, and during the course of the year 5 new cases were brought to the Committee's attention. One of the new cases (of mainly housing interest) was " closed " during the year ; it was also possible to " close " 6 old cases. Of these 7 cases 3 had improved, 2 had moved away from Exeter, 1 family for which rehousing was the dominant factor causing trouble, was rehoused and 1 case was considered not likely to derive further improvement from the Committee's efforts.

A grant was obtained from the " Save the Children Fund " to enable one of the children under our review to spend two weeks holiday at a boys' seaside camp, from which the lad benefitted considerably.

During the year the Medical Officer of Health wrote a letter to the local evening paper asking for clothes, bedding and other useful articles and to this letter he had a gratifying response. The articles given included 10 prams, 2 cots and cot blankets, and children's and adults' clothing. These items were distributed by various members of the Committee to needy cases, where they were received with gratitude and were most useful. The Committee was able to get one mother away on convalescence. This is important, as one of the fundamental causes of family breakdown is so often the poor health of the mother.

It can be said that the Committee is definitely succeeding in at least one of its objectives, viz. that of ensuring co-operation among the many social workers in Exeter whose work impinges to a greater or lesser extent on unhappy or neglected children. It also is having some success in meeting several of the needs of the families in which such children live. All the members feel that the Committee has justified its existence.

PUBLIC HEALTH ACT, 1936.

(Sections 187-195).

REGISTRATION AND INSPECTION OF NURSING HOMES.

Registered Nursing Homes.	*Beds.*
Argyll Road, Duryard (Medical)	6
Belmont, 1, Baring Crescent (Surgical)	9
Pennsylvania Nursing Home, 9, Powderham Crescent (Medical)	10
Southcroft, 87, Heavitree Road (Medical)	4
St. David's, 31, St. David's Hill (Medical and Surgical)	11
St. Olave's, 32, Bartholomew Street	4

NURSES ACTS 1943 AND 1945.

NURSES AGENCIES' REGULATIONS.

Registered Agencies—(at the end of the year) :

Exeter Trained Nurses Co-operation, 7, Colleton Crescent.

Exeter Nurses Co-operation, 52, St. David's Hill.

LOCAL HEALTH SERVICES.

(National Health Service Act, 1946).

The administration of the Council's Local Health Services continued on the same lines as described in my report for 1952 with a few minor changes. The relationships of the health department with the general practitioners, hospitals and voluntary bodies concerned with health services continued to be very cordial.

Health Centres.

There are no centres yet approved under this section nor has there been any demand by general practitioners for such facilities. The overall plan originally provided for 4 centres, one at Whipton, one in the Wonford—Burnthouse Lane Area, one in St. Thomas and one in Newtown. The Health Clinic for Local Health Authority and School Health Services in Pinhoe Road, Whipton, now nearly completed, was intended to be the first part of a health centre to provide later for general practitioner services. It has been approved by the Ministry of Health under Section 22.

MATERNITY AND CHILD WELFARE.

Maternity.

Care of Expectant and Nursing Mothers.

Ante-Natal and Post-Natal Clinics.

The Council now provides directly six ante-natal clinic sessions a month at which post-natal examinations are also made. 152 mothers in all attended, making 569 attendances, including 58 post-natal attendances: the average attendance per session was 8 (see table XXIII). The clinics are for patients who intend to be delivered in the Mowbray House Maternity Hospital, but who are not receiving full ante-natal care from family doctors. All general practitioners have been invited to send their ante-natal patients to the clinics whether or not the mothers are under their own care, but only two have wished to do so. At the clinics, midwives from the Mowbray House Maternity Hospital and health visitors attend.

The Exeter Maternity and District Nursing Association which carries out domiciliary midwifery on behalf of the City Council provides one medical ante-natal clinic per week, post-natal examinations being made as necessary; in all 320 attendances were made including 22 post-natal attendances. Midwives' clinics are also held four times a week, 550 mothers attending an average of four times each. (see table XXIII).

Expectant mothers from these medical clinics are referred to Dr. Stewart Smith, Area Pathologist of the Royal Devon and Exeter Hospital for blood examination, (Rhesus incompatibility, etc.); his department arranges repeat examinations as required.

All practitioners have been invited to send their own patients direct to the Laboratory and many of them do so. It has been found impossible, owing to a change in the hospital records system, to find out readily the number of mothers whose blood has been examined in relation to the Rhesus factor, but it is believed to be still a high proportion of the expectant mothers.

Specialist Clinics. There are no specialist clinics held on behalf of the City Council.

Relaxation Classes. Two relaxation class sessions are held each week, one of them being in the evening. 304 mothers made 1,888 attendances in 1953 ; the average attendance per session was 10. These classes, which are very popular provide excellent opportunities for education of the mother in regard to maternal and child care.

Mothercraft Training. Mothercraft training in a limited degree is given at the ante-natal clinics, and more so, at the relaxation classes which have been found invaluable for this purpose.

Attendance in Practitioner's Surgery. One health visitor attended once a month in one practitioner's premises at his request, the sessions being devoted to expectant and nursing mothers.

Maternity Outfits. Maternity Outfits are supplied to all mothers having the confinement at home who apply for them. Where the Council's domiciliary midwives are in attendance they automatically provide them. During the year, 498 were supplied in all. A reserve stock of necessary materials is available for emergency extra needs.

CHILD WELFARE.

Child Welfare Centres.

There are six sessions a week devoted to child welfare work in five centres. The babies born in 1953 attending the clinics in 1953 numbered 689, a number equal approximately to 60% of the live births during the year. In all the child welfare clinics during the year, 2,238 pre-school children made 16,177 attendances, averaging 56 per session. (see Table XXIV).

The number of children of 1 year to 5 years of age attending at the centres at the end of the year was 1,549 ; 249 of them attended for the first time.

Home Visits to Children Under Five.

During the year the health visitors paid 1,153 first visits and 4,971 subsequent visits to children under the age of 12 months and 12,011 visits to children between the ages of 12 months and 5 years.

Orthopaedic Treatment.

18 cases were referred from Infant Welfare Centres to the Orthopaedic Hospital for various conditions: torticollis (2), valgoid knees and ankles (5) and miscellaneous (11).

Day Nurseries.

At the beginning of 1953 there were 3 day nurseries in the city, two admitting children from 1-5 years (both training nursery nurses) and one admitting children from 2-5 years: the total number of places was 114. The Council closed the non-training nursery at Paul Street (34 places), in March 1953.

Contrary to the previous years experience there were no cases of whooping cough, but there were 22 cases of measles (11 in each nursery), 6 cases of dysentery in Burnthouse Lane Nursery, 2 cases of rubella and 1 of chicken pox.

As I have said before, care in the day nursery is only a " next best thing " and should only be allowed where the alternative on the whole is worse for the child. It does seem as if some nursery provision is necessary in towns of any considerable size, especially for the children of unmarried mothers, or of mothers who must earn a living, and for young children shewing maladjustment—which is by no means rare even in early childhood.

Training of Nursery Nurses.

The Dunraven Babies Home (run by a voluntary organisation) closed in March 1953. Since then the students have attended Barnburgh Residential Nursery for their practical training in the care of very young babies. The practical training of the students has been latterly concentrated in the Burnthouse Lane Nursery.

7 students sat for the National Nursery Examination and 4 passed.

It was decided to close the nursery nurse training school as from September, 1954.

PREMATURE BABIES.

I have set out in the same form as in previous years in Table XXVI details about premature live and still births. Only 1 out of 9 babies weighing 3 lbs. 4 ozs. or less at birth survived to the end of the year. Out of 86 premature babies born in 1953 (i.e. weighing not more than 5½ lbs. at birth), 19 had died before they were a month old and 4 more before the year was out. In 1954 the Royal Devon and Exeter Hospital has set up a small premature baby ward under the direction of the Paediatrician (Dr. Brimblecombe), and I hope this will help materially in reducing this toll of infant deaths : the prematurity however, will not be affected and that is the important thing.

PROVISION FOR THE UNMARRIED MOTHER AND HER CHILD.

The illegitimate birth rate was 0.8 per 1,000 population, as compared with 0.9 in 1952.

During 1953 the Exeter Diocesan Moral Welfare Council with the goodwill of the other denominations bought and converted the former Dunraven Babies Home as a mother and baby hostel in which the mothers could stay with their babies until able to decide in quietness and free from anxiety, the future of their children. It is hoped thereby to re-establish more of the mothers with their babies in the community. The Hostel which serves the Exeter Diocese (except Plymouth) was opened in 1954 and is being, in part, supported by the City Council as Local Health Authority : the Chairman of the Maternity and Child Welfare Committee and the Medical Officer of Health are on the management committee. It was a happy choice of name, that the Right Reverend the Bishop of Exeter made when he called the home St. Nicholas House—for everyone knows what St. Nicholas means to children. All who love children should be kind towards these unfortunate little ones who enter life so handicapped, and also for their sake, if no other, to the mothers.

The City Social Case Worker (Miss P. M. Kevan) reports that she cared for 77 mothers : of 58 illegitimate babies born to the mothers 6 were stillborn, 2 died, 31 were kept by the mothers in their own homes—(7 of them in the homes set up on subsequent marriage—to the putative father in 6 instances)—14 were adopted, 4 went to residential nurseries and 1 was fostered. The proportion of babies adopted was less than in the previous year and the proportion of babies kept by the mothers was higher than in 1952 : prima facie this is a good thing.

Miss Kevan has made 666 visits in the course of the year. She tells me that fewer unmarried mothers are coming into the City from outside, than formerly. Unfortunately I have to record that 3 girls of young ages (one 14 years and two well under 17) came to the notice of Miss Kevan as being pregnant. There were court actions in regard to two of them. Increasingly co-operation between the City Case Worker and Moral Welfare Workers in the County, the family doctors, the health visitors, children's officers, Probation and Court officers is being maintained and furthered, and also with the new St. Nicholas House.

NURSERIES AND CHILD MINDER'S REGULATIONS ACT, 1948.

At the end of 1953 there were two private day nurseries in the City registered under this Act and also two child minders.

REPORT OF THE PRINCIPAL DENTAL OFFICER.

During 1953, the dental department had the equivalent of 2½ full-time dental officers instead of the normal three, due to the resignation of Mr. Edwards of the Whipton branch clinic and the unavoidable delay in appointing a suitable full-time successor. Thus the dental service available was not as good as I would have liked.

Unfortunately, the expectant and nursing mothers do not make full use of the dental service available in the clinics, and the number who do seek treatment is disappointing. It is true, of course, that they can obtain free treatment (with the exception of artificial dentures) through the National Health Service, and it is only to be hoped that those who do not attend the dental clinic do seek treatment from a private practitioner.

In my report for the previous year (1952) I included a table which showed the work done by 11 of the 40 private dentists in the city, but comparable information is not available this year.

Table (a).

Mothers and pre-school children securing dental treatment at the Council's clinics.

	Examined	Needing treatment	Treated	Made Dentally Fit
Expectant and Nursing mothers	109	94	77	85
Children under five years	356	248	236	256

Table (b).

Forms of dental treatment provided.

	Total treated	Extractions	Anaesthetics		Fillings	Scalings or scaling and gum treatment	Silver Nitrate treatment	Dressings	Radiographs	Dentures provided	
			Local	Gnl.						Complete	Partial
Expectant and Nurs. Mothers	77	214	6	43	154	25	—	4	2	29	18
Children under five years ..	236	455	—	297	147	—	—	1	1	—	—

Expectant and Nursing Mothers.

Of the 109 inspected shewn in Table (a), 37 were referred from the ante-natal clinic, 57 from the Exeter and District Nursing Association, 4 from private doctors, and 11 were post-natal cases. 18 cases were carried over from the previous year. Of the 77 treated, 4 had not had their treatment completed by the end of the year. Of the 47 dentures supplied, 16 were full upper dentures, 13 full lowers, 13 partial uppers and 5 partial lowers.

Pre-School children.

The numbers of children under school age being treated in the clinics remains constant, and the proportion of these who become regular visitors for periodical inspection, and treatment if necessary, is very gratifying, inasmuch as they grow up without any fear of the dental surgery and its awe-inspiring equipment.

Routine inspections were carried out as before in the Council's residential and day nurseries, but as the numbers of children attending the nurseries has decreased, it has only been possible to inspect 31, 10 of whom required treatment.

Table (c).

Day Nursery Children.

Year of Birth	1951	1950	1949	1948	Total
Number Inspected	4	3	15	9	31
Sound Mouths	4	2	12	3	21
Number requiring treatment ..	—	1	3	6	10

The other 325 pre-school children examined were those who presented themselves at the clinics, in a few cases for advice only, but in the majority of cases, because of pain or discomfort or visible dental defects recognised by the parent or by medical practitioners in welfare clinics or private practice.

Throughout the year, Dr. B. Hinde attended on alternate Saturdays to administer anaesthetics and her services were much appreciated by patients and dental staff.

W. Crofts Arkle,

Principal Dental Officer.

DOMICILIARY MIDWIFERY.

Organisation. The Council carry out this service by agency through the Exeter Maternity and District Nursing Association, all approved expenditure being reimbursed by the City Council. Most of the residential property, motor cars, etc., is owned by the Council. All the midwives use cars (either self-owned or owned by the Council) for their work.

The general arrangements, described in my last report, continued on the same lines, and the general practitioners have every confidence in the service.

Staff. At the end of the year there were five midwives, excluding the superintendent staff (three) of the Home who are all midwives, but only occasionally undertake confinements. In addition, six of the home nurses are also midwives, but they do not ordinarily practise as midwives. Pupil midwives are accepted for Part II training up to a maximum of twelve in a year.

430 or 37% of the confinements in the city in 1953 were conducted by the domiciliary midwives ; the proportion is the same as last year, but less than in the previous two years (41% and 42%). In all, 10,894 visits were paid to mothers either during the pregnancy, the labour or the lying-in period. 28 domiciliary confinements were conducted by the private midwives (including 1 confinement in the prison). (Table XXVIII).

Supervision of Midwives. (Midwives Acts 1902—1951). The arrangements continued as previously.

At the end of the year there were 44 midwives on the Authority's list of those who had given notice of intention to practise, including 8 in the District Nursing Home, 7 in private practice, 27 in hospitals, and 1 in a mother and baby home, and 1 in H.M. Prison. During the year, the Prison Commissioners objected to the non-medical supervisor of midwifery visiting H.M. Prison in relation to midwifery carried out there, but after consultations between the Ministry of Health and the Home Office it was agreed that the supervisor should be allowed to visit in connection with her duties : the superintending matron is always informed in advance.

Miss Reynolds (Supervisor of Midwives) in conjunction with Dr. Ward (Assistant Medical Officer of Health) investigated 49 cases of puerperal pyrexia, visited 2 babies and made 10 visits of inspection to midwives, maternity homes and nursing co-operations.

Medical Aids. 62 medical aid notices (i.e. requests for assistance by doctors) were issued by midwives. 362 other notifications by midwives in respect of stillbirths, artificial feeding etc. as required by the rules of the Central Midwives Board were received (see Table XXIX).

Gas and Air Analgesia. All the domiciliary midwives employed under Section 23 are qualified to administer gas and air analgesia. In 354 of 430 deliveries conducted by them, gas and air analgesia was administered ; other analgesia (trilene etc.) was given in 18 cases ; in 184 cases pethidine was given ; of the 7 midwives in private practice none was qualified to administer gas and air analgesia.

Refresher Course for Midwives. One midwife commenced a non-residential Midwife Teacher Course in Bristol in 1953.

Two of the midwives attended residential courses in Woolwich on the care of premature babies.

One of the superintending staff took a short post-graduate course for Midwife Teachers and a midwife took a post-graduate midwifery course.

At the request of the Central Midwives Board, through the Queen's Institute, an Australian-trained Midwife gained post-graduate experience in midwifery during four months working in this Home.

Training of Pupil Midwives. The Home is a Part II training centre for pupil midwives, the pupils taking deliveries in conjunction with the Association's domiciliary midwives. Of 11 pupils trained in 1953, 10 passed their examination. There is no difficulty in getting sufficient pupils. The Education Officer of the Central Midwives Board visited the Home in July and approval for training was continued.

Admission to Maternity Unit for normal cases. By arrangement with the Exeter and Mid-Devon Hospital Management Committee all arrangements for admission to Mowbray House Maternity Home are made at the Health Office. In every case the health visitor calls to assess the social conditions and a decision regarding admission on these grounds is made. This visit has the added advantage of introducing the health visitor to the home in advance of the confinement.

Special Notes.

(a) The home midwives continued to supervise the welfare of new born infants at home (other than those delivered by private midwives) for the first three weeks of life. This has worked out satisfactorily to all concerned. The midwives frequently supervise the welfare of the mother and child beyond 21 days (57 cases in all).

(b) The midwives supervise the welfare of the premature babies delivered by them or referred to them by general practitioners until close supervision is no longer necessary. (8 cases in 1953, also included under (a) above).

(c) The midwives undertake the puerperal care of mothers who are delivered in hospital and discharged before the tenth day, or in any case, if requested by the hospital to do so (105 cases in 1953). This is a reflection of the inadequacy of the maternity accommodation in the acute general hospital, which is causing great anxiety locally.

(d) There is the closest liaison between the Superintendent of the Midwives' Home and the Superintendent Health Visitor ; they discuss cases together, and full information about the mothers recently delivered in their homes is given to the Superintendent Health Visitor systematically, weekly.

(e) The arrangements initiated in 1952 whereby oxygen was made available to general practitioners for temporary administration to newly born and young infants in need of it were continued. In a few cases it was administered to babies with respiratory infections whilst en route to hospital. I feel that if it is expected that continued administration will be necessary the baby should be in hospital. Due care has been taken to reduce the risk of causing retrolental fibroplasia (a form of blindness) by excessive oxygenation in very young babies. No child (except one who had it for twelve hours) had oxygen for more than two hours. We now have Sparklet oxygen resuscitators for the new born and the midwives take these with them to their cases for temporary use in the event of emergency. We are not using intra-gastric oxygen because we feel more experience of this method of resuscitation is necessary. Of the 16 babies to whom oxygen was administered during the year 8 died, but in the remaining 8, oxygen materially contributed to the babies' survival.

BIRTH CONTROL.

A Birth Control Clinic is carried out by the Exeter and District Women's Welfare Association. Cases suitable in the sense of the Ministry of Health's Memorandum 153/MCW are referred to the local authority and granted financial assistance. Since 1930 a total of 299 cases has been referred.

HEALTH VISITING.

Organisation. During the year it was decided to allocate to the health visitors as from January 1954, school health visiting in relation to 6 infant schools ; and also to transfer the visiting of mentally defective women and girls from them to the mental health worker.

Staff. At the end of the year the staff was a superintendent health visitor and 7 other health visitors, as well as a whole-time tuberculosis health visitor, 2 part-time school nurses and 3 part-time school clinic nurses who also come under the Superintendent's supervision.

Three of our health visitors secured other appointments and one was appointed here during the year.

Transport. The health visitors use bicycles. A car allowance is available for the superintendent health visitor.

Visiting. The health visitors made 18,135 home visits to young children (including 1,153 first visits to infants under 1 year of age, 4,971 subsequent visits to these infants and 12,011 to children over 1 year of age), 919 to expectant and nursing mothers, 3,230 in regard to infectious diseases and 3,200 for other reasons in 1953.

In 1953 (in which a measles epidemic occurred) they made 3,230 home visits in regard to infectious disease control and 5 visits were made to schools for the examination of child contacts. They also visited old people in their homes and 583 visits were made to 99 old people in 1953, as compared with 507 visits to 69 old people in the previous year. This work is very time consuming.

After-Care. The visiting of patients awaiting hospital or on discharge from hospital has been increased and there has been more co-operation between hospitals and the health department. The majority of cases, apart from diabetic patients, were awaiting hospital admission ; 144 visits were made to them last year.

Diabetes. Two health visitors attend alternately, weekly, the Diabetes Clinic at the Royal Devon and Exeter Hospital. They made 335 visits (including 34 first visits) to diabetic patients at home ; 11 were evening visits to people who were out working in the day time. The health visitors concerned believe their visiting is worth while as the patients seem to be able to concentrate on their problems better and to discuss them more confidently, as well as more confidentially, at home rather than in " Out-patients." A few patients resent such visiting and it is not continued against their wishes. A few who are not resentful, nevertheless find that the nurses' visits make them more conscious of their disability and this worries them ; in these cases also visiting is not continued. Only persons who have difficulty in managing their affairs in relation to their illness are visited, and the problem most discussed is the diet.

All after-care visiting is carried out in the closest co-operation with the family doctors, who have been invariably willing and generally glad to have such assistance as the health visitors are able to give.

Health visitors visited once a month a general practitioner's clinic session held in his own surgery and devoted to maternity cases ; they had 134 interviews with mothers and felt their attendance was worth while.

Refresher Courses. One health visitor attended a fortnight's refresher course on Health Education.

Student Training. (1) The Council appointed one student health visitor who attended the 1953/54 course at Bristol University, and has since commenced active work in the department.

(2) Arrangements whereby student nurses at the Royal Devon and Exeter Hospital accompany health visitors in some of their visiting in order to give the student nurses some insight to social medicine were brought into effect during the year. I welcome this link with the hospital nursing service.

HOME NURSING.

Organisation. The arrangements continued in the way described in my report for 1952.

Staff. The nursing strength at the end of 1953 included the Superintendent (joint midwifery and home nursing), 1 assistant superintendent, 12 home nurses of whom 8 were Queen's nurses and 1 was a part-time State Enrolled Assistant Nurse : up to 12 students (each in residence from four to six months) are trained annually.

Visiting. 2,943 cases, including 2,680 new cases, were nursed during the year and the total number of nursing visits was 73,912. 385 visits were paid after 9 p.m. to very ill patients, the nurses working on rota for this duty. 522 visits were made to old people's and blind people's hostels. It is difficult to assess from figures whether the service is meeting the needs of the population : I can say that no case is ever refused at any time, day or night ; that in the opinion of the Superintendent no unnecessary visits are made ; that I never hear complaints from either the public or the doctors ; and that it is generally accepted that a visit ratio of one visit to each person in the population is evidence of an adequate service. I believe we can claim that this service, which is still growing, (about 10% increase in cases and visits last year compared with 1952) is a first class service.

Transport. All nurses use mechanical transport—either cars, motor bikes or cycles, owned either by the City Council or themselves ; in the latter case, appropriate allowances are made. It is the Council's policy to enable all nurses ultimately to use cars (professional driving tuition is allowed free to the nurses), or motor bicycles or bicycles (only if the nurse prefers these to cars). The use of autocycles has been discontinued since September 1953. All the nurse motor cyclists are provided with crash helmets.

The following table, which is a reduction of Table XXX, which should be consulted for fuller details, sets out the work of the Home Nurses for 1953 according to a simple classification of the cases made on the doctor's diagnosis or the nurse's description if no precise diagnosis was offered by the doctor. The number and proportion of cases grouped as degenerative diseases and senility increased slightly as did also those included as acute diseases.

	New Cases	Total cases nursed	Total visits	No. of cases over 65 years of age
Degenerative Diseases and Senility	857	1,047	54,066	77%
Tuberculosis	20	26	1,420	19%
Acute Disease incldg. infectious disease	1,060	1,091	10,421	24%
Maternity and Gynaecology	243	245	1,591	44%
Accidents	78	85	1,880	33%
Others	422	439	4,534	33%
Totals	2,680	2,933	73,912	46%

Casual visits 1,301
(Not Nursing)

Just under two thirds of all the cases nursed were females ; rather less than half were over 65 years of age ; about one sixth were children under 15 years of age—a slight increase over the previous year (470 cases as against 384 in 1952) ; diabetes again took far and away the greatest number of visits per case (at 152 per patient, rather less, fortunately, than in 1952) though they are not generally so time-consuming as other visits ; a good many of the nursing visits are for giving injections of antibiotics. Penicillin was given to approximately 1,300 patients, usually in short courses of less than a week's duration. Streptomycin was given to 25 patients in courses lasting in most cases three months or more. No cases of sensitisation occurred in any of the nurses, but one nurse who had reason to believe she might be sensitive to streptomycin has been excluded from giving such injections.

Co-operation with general practitioners. This is entirely satisfactory.

Co-operation with Hospitals. This is entirely satisfactory and we gladly acknowledge the help the Hospitals give us in many ways. Arrangements were completed during the year for hospital student nurses to commence (early in 1954) visiting with the home nurses as part of their training.

In the city, I have for some time been anxious to extend the use of the home nursing service in care of children, not to supplant the mothers who are the natural nurses for their children, but to help them, to support them—and the mother of a really sick child needs a great deal of support—and to give skilled professional nursing, under the Doctor's direction, for the special needs of the sick child. We are all agreed that so far as possible people should be cared for at home rather than in hospital, unless exceptional skill and specialised methods of diagnosis or treatment are needed : this applies especially to children whose psychological reactions to being ill among strangers are much more acute than in adult life. One of the home nurses, who was a state children's nurse as well as Queen's nurse and midwife, was, by kind permission of the Matron of the Royal Devon and Exeter Hospital, given a fortnight's refresher experience in the Children's Wards as a resident nurse, and has since been detailed almost exclusively to the nursing of sick children. A slight increase in the number of children home nursed by our staff has occurred during 1953.

Other related services. Three services which are provided under Section 28 of the Act and are administered for the Council through the Superintendent of the Association's Home, are Nursing Equipment Loans, Old People's Laundry Service, and Night Home Helps ; they are discussed on page 89.

IMMUNISATION AND VACCINATION.

Organisation. The general arrangements remained as described in my last report.

Whooping cough vaccination continues to be offered at all the immunisation clinics and is proving popular. Plain whooping cough prophylactic, and combined whooping cough and diphtheria prophylactic are both offered at 2 months of age, diphtheria prophylactic alone from 4 months of age. Nevertheless so far very few children are immunised at these early ages, but I hope that will come. The best arrangement in my view is a course of combined whooping cough and diphtheria prophylactic starting at 2 months of age followed by smallpox vaccination at 5 months. Fortunately smallpox is not very difficult to control, though it is a very serious disease.

The diphtheria antigens used are APT and TAF supplied through the Medical Research Council Public Health Laboratory Service, and the whooping cough antigens used are the Glaxo suspended whooping cough vaccine and the Glaxo suspended Diphtheria-Pertussis prophylactic, provided by the City Council.

All general practitioners giving service under Part IV of the National Health Service Act take part in the general scheme of immunisation and the return of records is satisfactory.

Smallpox Vaccination. During the year a total of 684 persons were vaccinated for the first time and 158 persons were re-vaccinated. The number of children under 1 year who were vaccinated in 1953 was 595, this being equivalent to 51.7% of the number of live births in the year. The national figure is 34%. Most of the vaccination is done by the general practitioners.

Diphtheria and Whooping Cough Immunisation. The total number of children immunised against diphtheria has shown little change over the three years 1951 to 1953, although there is a slight decline, but in 1953, 79% of the children so protected received combined whooping cough diphtheria prophylactic whereas the year before the percentage was 19% (such combined treatment was introduced in July 1952). The total number of children having whooping cough prophylactic inoculation numbered 1,020 as compared with 263 (in both years including those immunised by the combined prophylactic). The combined injection against whooping cough and diphtheria has become much more popular, increasing from 196 courses in 1952 to 790 courses in 1953. About 73.5% of children aged 5—14 years and about 72% of the children between age 1—4 and over 5% of the children under 1 year at the end of 1953 were known to have been immunised against diphtheria. By the end of the year 965 persons completed a primary course of diphtheria immunisation in 1953, and 1,111 persons received a ' boosting ' injection. 230 persons received a course of immunisation against whooping cough and 790 persons a course of combined anti-diphtheria and anti-whooping cough prophylaxis.

No interruptions of the immunisation programme occurred during the year. Next year I shall review the effect of whooping cough vaccination so far as it can be assessed.

The figures for the year are set out in Table XXXI.

AMBULANCE SERVICES.

Organisation.

As previously, the Ambulance Service included three sections :

(1) the ambulance and sitting case car service operated by the St. John Ambulance Association which also dealt with removals by train directly ;

(2) the infectious disease ambulance service operated from the Isolation Hospital by the Health Department ; and,

(3) the hospital car service operated by County Organiser, Devon Hospital Car Service.

Work done.

The total number of patients carried (26,453) was slightly more than in 1952 (25,624) : this was due entirely to an increase in the work of the hospital car services (by 20%). The mileages concerned increased in every section totalling 162,924 compared with 154,198 in 1952. Approximately 29% of the work included here was performed for other Authorities (at a cost to them of £6,173-1-2) : on the other hand, work was carried out for us by other Authorities at a cost to us of £2,134-6-4. Details are set out in tables XXXII and XXXIII.

Consideration has been given to fixing appropriate charges to other authorities for the use of the City Ambulance Service and mutually satisfactory arrangements at 1/3d. per mile for sitting case cars and 2/9d. per mile for ambulances have been agreed with a number of authorities. The City Treasurer has been giving special attention to the formulation of a comprehensive financial arrangement with the Devon County Council based on a block payment subject to periodic revision.

The transport by sitting case cars of a small number of physically handicapped children daily from their homes to school has been a great help to the Education Committee.

A small amount of work has been done in training Civil Defence volunteers for the C.D. Ambulance Service.

On the whole the Ambulance Service was used fairly evenly throughout the year : May was a heavy month for ambulance work, August for train journeys and July, May and October for hospital car work. It does not appear as if the holiday months made any very great differences to our work, though being in a holiday area the city has many demands on its ambulance service on behalf of summer visitors.

Staff.

No difficulties have been experienced. Staffing has been satisfactory and no changes occurred. The usual refresher training of the staff was carried out. Mr. Ireland, Organising Secretary of St. John Ambulance Association, has been appointed Civil Defence Ambulance Officer, responsible to me for this duty.

Vehicles, Equipment.

One new ambulance was put into commission in February 1953, and at the end of the year there were 5 ambulances and 2 cars owned by the City Council for general work, 1 ambulance owned by the St. John Ambulance Association available to the Council for general work, and 2 ambulances for infectious disease cases. 2 light alloy stretchers with telescopic handles (mainly for use in hospital lifts) were purchased during the year.

Future Developments.

The agreement with the St. John Ambulance Association for the provision of ambulance transport was due to terminate in July 1953 ; a renewal of the agreement was agreed in principle by both the Council and the Association during the year.

At the request of the Exeter Special Hospital Management Committee, on account of staff problems at the hospital, it was decided to discontinue operating the ambulance service from the Isolation Hospital and to amalgamate it (from April, 1954) with the general ambulance service administered by the St. John Ambulance Association as agents for the Council ; two extra garages were built on car park land at the rear of St. Pancras Lane, almost contiguous to the present Ambulance Headquarters.

A new ambulance station is clearly desirable and the Council intend that a new Ambulance Headquarters Station will be built, when convenient, in association with, though independently of, the new Police buildings and Court House proposed to be erected in Heavitree Road.

PREVENTION, CARE AND AFTER-CARE.

TUBERCULOSIS.

It is convenient here to include a full account of tuberculosis, although notification is carried out not under the National Health Service Act, 1946, but under the Tuberculosis Regulations, 1952.

ORGANISATION AND STAFFING.

The general arrangements were unchanged, and remained as described in my last Annual Report.

TUBERCULOSIS REGISTER.

The number of notified cases on the Register at 31st December, 1953, was 650, a sharp increase on last year's figure and continuing a trend evident since 1950. This is due (1) to the low mortality and (2) a maintained high rate of case finding, due in part to Mass Miniature Radiography, and in part to intensified case finding among contacts. I believe it does not imply a greater amount of tuberculosis in the City, but a more complete knowledge of the " tuberculosis reservoir " in the City.

During the year there were 103 new notifications of cases and 22 deaths (from all causes) ; 24 names were taken off the Register as having recovered. A total of 86 transfers were received from clinics outside the City during the year, and 65 cases were transferred to other clinics on taking up residence elsewhere.

DEATHS.

The number of deaths from tuberculosis was very little different from last year (23 against 21) ; the age distribution was much the same. Of the deaths 5 were in persons not notified before death, but one of these was in the end proved to be non-tuberculous.

Concern has been expressed at the high proportion of deaths in tuberculous persons not statutorily notified during life. This has been unusual here, but during the year there were five such deaths. In one, the patient was, in fact, known to have been tuberculous some twenty years ago when abroad, and had had extensive surgical treatment and had been removed from the register at least 15 years ago as cured : she had refused further investigation in recent years. The second case was that of a patient whose death was certified as due to broncho-pneumonia and chronic tuberculous pulmonary fibrosis (non-industrial). This patient had, apparently, suffered from chest trouble since childhood, and had been investigated on numerous occasions from 1922 onwards with negative results. In the third case, in which death was certified as due to tuberculous pneumonia, it was found that she had only recently come into the district from the North of England. The fourth case was that of a male pulmonary death (aged 70 years) which occurred in one of our City hospitals. The patient was not a notified case and enquiries revealed that he had only been in Exeter seven days and was admitted from an address in South Devon, and was formerly in Haverfordwest. None was known to the Authorities concerned. This last was the first instance of a death being assigned to the City under the Registrar General's new arrangements (Part III Accommodation) and is an example of how unreasonably they can work out. Fortunately, they have now been modified. The remaining death was certified as due to tuberculosis of the kidney in a woman, aged 70 years, found by post-mortem examination. This had not been notified, but in the event, it was not confirmed on microscopy which showed a chronic pyelonephrosis so that this really was not a case of tuberculosis.

MASS MINIATURE RADIOGRAPHY.

Co-operation with the Regional Hospital Board's Mass Miniature Radiography Unit under the direction of Dr. G. Sheers is entirely satisfactory ; the Unit visits Exeter twice a year, being established in one of the Council's Community Centres. On one of these visits the greater part of the work is the radiography of educational groups (college students, older school children, teachers, etc.) ; the other visit is mainly for industrial groups. The local arrangements are largely left to the Medical Officer of Health, and on all visits there is a small number of open sessions for the public which are well supported.

There were two mass miniature radiography surveys in the City during the year in May and October ; the first for general occupational groups with four " open " sessions for the public ; the second primarily for educational groups including school-leavers, residential school children, University and College students and teachers, but also including nursing staffs of Children's Homes and Nurseries, etc., certain industrial employees, with two " open " sessions for the general public. Although the Unit was set up in the Buddle Lane Community Centre and, therefore, at a considerable distance from the centre of the City, the response has been excellent. In all, 10,355 persons (5,551 men, 4,804 women) mainly but not exclusively from Exeter attended, including 1,237 school-leavers. 64 newly discovered believed significant cases of tuberculosis were referred as a result of the surveys to Dr. Boyd, Chest Physician, at the Chest Clinic. 20 (including 13 " open " cases) of these were confirmed on full examination at the Clinic to be new, definite, cases, 13 of them subsequently receiving treatment in a sanatorium (see Table XL). Thus 13 " open " cases with tubercle organisms in the sputum were detected and appropriately dealt with so that they themselves were suitably treated and the risk to the public obviated.

CONTACT TRACING.

Apart from the routine contact work carried out at the Chest Clinic (which is given in detail elsewhere) there were two special surveys carried out during the year. The first survey, which was a small one, was the result of a case of pulmonary tuberculosis arising in an office where there were several female clerks in direct contact with the patient. Arrangements were, therefore, made for 15 of these fellow workers to be X-rayed, with negative findings, although 2 girls were kept under observation for a few months. In the second and larger survey there had been 2 cases of pulmonary tuberculosis in an establishment employing a large number of staff, and in this case, special arrangements were made for the staff to be X-rayed " in shifts." All the employees—70—were dealt with in this way and as a result of the survey, 1 patient was found to be suffering from active pulmonary tuberculosis, and was in an infectious state. Appropriate sanatorium treatment was offered and accepted. The majority of employees were advised to attend for a further X-ray in twelve months' time, and about 12 remain under observation for varying periods of three to six months.

These two surveys were both carried out with the help of the new Watson miniature camera which has been installed in the Chest Clinic at " Ivybank " during the year.

EMPLOYMENT OF TUBERCULOSIS PATIENTS KNOWN TO BE INFECTIOUS.

Of the 650 cases on the Tuberculosis Register only 11 (1.7%) are working while still producing positive sputum (i.e. with tuberculosis germs). Of these, all but 1 patient had exceedingly few tuberculosis organisms in the sputum, only detectable by culture methods. In all instances the employment conditions have been carefully regulated to avoid any risk of infection to other people. Some cases are self-employed in their own businesses or single-handed, and some are entirely out-door workers with very little, or no contact, with fellow employees. Every possible effort is made to discourage patients who are known to be infectious from working under conditions of risk to their fellows. The tuberculosis notification regulations preclude any approach to employers on the subject.

RE-HOUSING.

Of 9 families referred to the Housing Committee in which no decision had been reached at the end of 1952, 6 were re-housed in 1953. By the end of 1953, of 45 tuberculous families referred during the year to the Housing Committee by the Department, 20 were re-housed, 12 had been passed for re-housing, 4 had been refused, 2 referred back for further information, and 2 applications had been allowed to lapse. 5 patients died after being referral; in 1 case the dependents were re-housed and in 4 cases no further action was considered necessary.

EXTRA NOURISHMENT.

From 1944 to the end of 1952 some 90 patients had been granted extra nourishment in the form of milk supplied daily to the patient and paid for by the Exeter City Council. During 1953 it was possible to assist a further 49 patients in this way, either by commencing a new supply in the case of more recent patients or in some cases by renewing a supply which had previously been discontinued on account of the expenditure "ceiling" having been reached. This service seems to be a most helpful and beneficial one and well worth continuing. Under the heading certain other forms of extra nourishment are also supplied.

HOME HELPS.

During the year, Home Helps were provided in 7 cases of tuberculosis. The workers are volunteers for households in which this disease is known to be present and precautions are taken in regard to them, viz : X-ray and medical examination at the Chest Clinic at regular intervals, and also Tuberculin Testing and B.C.G. Vaccination when appropriate. Such volunteers are paid 3d. an hour extra. It became obvious during the year that there was still the danger of non-volunteer Home Helpers being sent unwittingly to homes in which the incapacity was tuberculosis. Arrangements were, therefore, made for the details of all new applications to be sent to the Chest Clinic where the names can be checked against the records of known cases of tuberculosis and comments made regarding the known active cases.

DIVERSIONAL THERAPY.

The British Red Cross Society have continued to undertake simple training in recreational occupations to tuberculous patients on the recommendation of the Chest Physician, and five patients were helped in this way. A grant of £1 per case was made by the Council to purchase suitable equipment.

TUBERCULOUS SPUTUM DISPOSAL.

In conjunction with Dr. Moore, Director of the Exeter Public Health Laboratory Service, investigation of a special caustic disinfectant fluid for the disposal of tuberculous sputum was made during the year and it was found that the fluid resulted in sputum being rapidly liquefied and cultures then taken remain sterile. It, therefore, appeared that the fluid was a most promising one for use in the homes of tuberculous patients in the disposal of sputum and a practical trial was arranged. The fluid (known as Miltherex) has been now in constant use for many months in the City in several homes with beneficial results. Special polythene flasks were also purchased for the use of patients where this fluid was being used.

CLINICS.

During the first two months of the year a trial run was made of evening clinics from 5 p.m. to 7 p.m. for patients who were working and for others who found it difficult to attend the afternoon sessions. These clinics appeared to be of some benefit and in March, 1953, this arrangement was adopted permanently in substitution of one afternoon session.

WAITING TIME FOR ADMISSION TO SANATORIA.

The average waiting time for admission to the T.B. Unit, Isolation Hospital, to undergo treatment was five weeks for men and four weeks for women. The waiting time for admission of children to Honeylands Children's Sanatorium for observation was eight weeks.

TUBERCULIN TESTING AND B.C.G. VACCINATION.

The increase in the number of B.C.G. vaccinations during the year is the direct result of the follow-up carried out in a school in which 2 cases of pulmonary tuberculosis had been discovered. Tuberculin testing was carried out in 308 persons. B.C.G. vaccination was effected in 173 persons, mostly in infants and school children. During the year, the Council decided to commence in 1954, with the parents' consent, B.C.G. vaccination of tuberculin negative older school children.

PATHOLOGICAL EXAMINATIONS.

Pathological Examinations carried out for the Clinic by the Medical Research Council's Laboratory and the Royal Devon and Exeter Hospital Laboratory numbered 3,187 (see Table XLV).

A summary of the work of the Exeter Chest Clinic which is, of course, still mainly engaged in Tuberculosis work, is set out in Table XLI. Dr. Boyd, Chest Physician, has kindly given me the details ; most of the work indicated is work carried out for the Exeter Special Hospital Management Committee, but some of it is work carried out for the City Council.

VENEREAL DISEASES.

The clinic for the treatment of venereal disease is in the Royal Devon and Exeter Hospital and serves a much wider area than the City. St. Mary's Home for the treatment of infected unmarried mothers, formerly owned by the Exeter Diocesan Association for the Care of Girls has been part of the national hospital service since 1948 ; it has been closed in 1954.

The Council is only concerned with the social medical work relative to the patients—in particular in seeing that the patients continue treatment to the stage of cure, in contact tracing and in seeing that children of infected parents are examined. I have mentioned previously (in my report for 1950) the difficulties of doing this work satisfactorily and in fact such work as has been done has been done by the hospital staff, mainly, so far as I can judge, by correspondence.

Fortunately the incidence of new cases as measured by attendances at this clinic has been declining steadily since the late war and immediate post-war years especially in relation to gonorrhoea (table XLVII). Dr. Dunkerley who is in charge of the clinics has kindly told me that there were 15 cases of syphilis (including 2 cases of *recent* infection and 2 cases of congenital syphilis) and 15 cases of gonorrhoea (attending for the first time). Only 8 of the syphilis cases and 1 of the gonorrhoea cases were from the city itself.

In all 126 cases of syphilis (in various stages) and 30 cases of gonorrhoea in city patients were treated during the year. Roughly as many cases examined and treated were non-venereal as were venereal. It is indeed fortunate that modern treatment is so effective and that on the whole persons suffering from these diseases do secure treatment ; for the ravages of syphilis and gonorrhoea used to be terrible. But they are still dangerous diseases.

Dr. Dunkerley has kindly told me that during 1953 he sent out 54 letters to " defaulters " of whom 6 were found to be already receiving treatment at other centres, and 9 attended again. The rest were struck off the books. All had received adequate treatment but had defaulted in the " follow-up " stage.

ILLNESS GENERALLY.

Prevention. There are no specific efforts directed to the prevention of illness apart from the ordinary environmental and personal health services detailed in this report.

Health Education. This proceeded on the lines indicated in my last report. One health visitor attended a fortnight's residential course on this subject and has employed some of the methods demonstrated there, since, in the clinics.

CARE AND AFTER-CARE. Details of the health visitors' work in after-care visiting are set out on page 77.

Two health visitors work with the Diabetes Clinic of the Royal Devon and Exeter Hospital. Details are set out on page 77.

NURSING EQUIPMENT LOANS. The loan of nursing requisites is carried out by issue from the Exeter Maternity and District Nurses' Home. All issues are free and no abuse of service nor substantial loss nor breakages have occurred. 1,534 loans were made during the year. We are building up a very satisfactory " loan cupboard " and it is being increasingly used by the sick people of the City and the elderly infirm.

OLD PEOPLE—LAUNDRY. Where old people are incontinent and arrangements for washing the laundry at home cannot be made, the dirty linen is washed at the laundry of the City Hospital, the cost being charged to the Health Committee. There is no general laundry service for old people. The soiled linen is brought into the Home in bags by the nurse attending the case and all soiled linens taken together in a laundry basket by the Health Department van, which is also responsible for collecting the clean linen from the hospital for return to the Home, to the City Hospital Laundry. The greatest help and courtesy has been shewn by the staff of the Hospital. This service has proved most valuable, combined as it is with the issue of linen from the " loan cupboard." The 496 articles laundered included sheets 176, pillow cases 50, draw sheets 105, towels 33, clothing and other articles 132. The 21 persons concerned were helped for varying periods from one week up to the whole year.

NIGHT HOME HELP.

Under Section 28 of the National Health Service Act, 1946 (the Care and After-Care Section), the Council commenced a night home help service. The Ministry required that it was to be used only in cases where admission to an institution for care was thereby obviated. I think myself this is too close a limitation, but it was accepted by the Council because half a loaf is better than no bread. It has been organised under the immediate control of the Superintendent of the Exeter Maternity and District Nursing Association (Miss Bryant) because the district nurse is generally the first to know of the needs. She has found suitable persons available for this very part-time and inconstant sort of work. The duties include giving any simple care necessary for the aged or sick person in the night, making drinks or small meals, helping the person in regard to the toilet, but no domestic work unconnected with the patient. The helps are paid 12/6d. per night (10 p.m. to 8 a.m.) and recovery of the charge is made so far as practicable. Some of the patients have in fact kept the workers on after the most pressing needs have been met, and in these cases the charge has been recovered in full. Now, every case must be carefully reviewed after a maximum of 2 weeks and only continued in exceptional circumstances. If it seems probable the case will be long continued the person requiring the assistance must make his own arrangements with the help, who is then no longer employed by the Council. This means continuing efforts by Miss Bryant to find fresh suitable workers. The financial side of the work is dealt with by the Home Helps Organiser.

The service commenced on the 8th July 1953, and has been much appreciated.

25 cases were so helped in 1953.

2 cases were helped free, 3 at part cost (in line with existing home help charges relative to hours worked), the rest at full charge. 27 helps were recruited and worked for 562 nights.

DOMESTIC HELP.

ORGANISATION AND STAFF.

The general management continued unchanged. Miss Humpherson (Organiser) resigned on her appointment as Domestic Help Supervisor at Brighton, and Miss M. M. Davies (Matron of one of the City Old People's Hostels) was appointed in her place : she is assisted by a part-time clerk. All the home helps (32 at the end of the year) were part-time, 7 of them having a guaranteed minimum working week of 36 hours. Joint Industrial Council conditions of service apply. What we have always called " lost time " or " waiting time " (i.e. time for which payment was made to workers but for which no work was done) and which is inevitable in a home help service has been considerably reduced during the year.

CASES HELPED.

235 households were helped during the year involving 41,277½ hours of home help. The amount of help given to maternity cases was considerably less both proportionally and absolutely, than in 1952. Tuberculosis families helped numbered 8. Cases of old age and infirmity took far more time than in previous years.

TRAINING.

There are no arrangements for training.

GENERAL.

The Organiser has spent a good deal of time visiting the families and thereby ensuring supervision of the work of the home helps. This is really a most important service : the problems are, first, to provide a service immediately available at times of urgent need, without having an excess of staff at other times ; second to reduce "lost time" to a minimum ; third to avoid frequent changes of workers in the one household ; fourth to make it available at a cost to those helped which they can easily pay, having in mind the other great demands sickness makes on a family purse, and the almost inevitable reduction in income which sickness involves, especially in those families that are least well off. I have never felt, in a long experience of this work, that the home help service was really fully meeting the needs of the people. To do that costs a lot of money.

MENTAL HEALTH SERVICES.

(National Health Service Act, 1946, Sections 28 and 51).

(1) ADMINISTRATION.

(a) *Committee.*

The constitution etc. of the Committee is the same as described in my report for 1952.

(b) *Staff.*

No change has occurred in the staffing position which was fully described in my report last year.

(c) *Co-ordination with Hospitals, etc.*

Satisfactory co-operation, as described in my last report between the authority and the Devon Mental Hospitals Group and the Starcross Hospital for Mental Defectives continues. The Medical Officer of Health is a member of the Devon Mental Hospitals Management Committee. There is no joint user of staff although the Council and the Digby Hospital have jointly tried without success to secure the services of a trained psychiatric social worker. During the year two " place of safety " cases have been accommodated at short notice in spite of a very long waiting list at Starcross. In addition 3 temporary admissions of cases in 1953 under the terms of Circular 5/52 have helped the Authority considerably. Monthly reports of Exeter patients on licence from Starcross have been received and we have made home condition reports in regard to patients proposed for, or on, licence from Starcross.

(d) *Voluntary Organisations.*

There has been no delegation of duties to voluntary organisations.

(e) *Training.*

One assistant at the Occupation Centre attended a short refresher course at Birmingham University under the auspices of the National Association for Mental Health, during the year.

(2) COMMUNITY MENTAL HEALTH CARE.

(a) *Under Section* 28.

Duly Authorised Officers either in this capacity or as Mental Health workers made 1,234 visits to patients in their homes during the year of which 447 were by way of care and after-care.

The family doctors in the city appreciate this service and confidently expect help in the care or " disposal " of their mentally ill patients. The problem of caring for old people with deteriorating minds is increasing. Home visiting is especially valuable here and in 25 cases of old people who were proving difficult and aggressive, visiting by the mental health workers obviated the need for hospital care.

There is excellent co-operation between the Council's Mental Health Service and the Ministry of Labour, National Assistance Board and various voluntary organisations.

In regard to Health Education, the Mental Welfare Officer has given lectures on Mental Health Services to the local British Red Cross Society, the Devon and Exeter Association for Mental Health ; he attends the Occupation Centre's Parent/Staff Meetings held two or three times a year. The local press has also been helpful.

(b) *Duties carried out by Authorised Officers under the Lunacy and Mental Treatment Acts,* 1890—1930.

The initial proceedings and conveyance to hospital are undertaken by the duly authorised officers of the department, whose duties are so arranged as to give a 24 hour service, day and night. During 1953, there were 252 Exeter patients admitted to hospital, an increase of 21 over the previous year. (See Table XLIX). As there were 198 discharges of city cases and 22 deaths, the number in hospital at the end of the year (350) was 32 more than at the beginning (318). (See Table L).

There was a sharp rise in the admissions of " Section 20 cases " (cases of great urgency) ; this has not been due to any change in the methods of dealing with cases. The number of deaths also increased.

Social histories of all patients admitted were provided for the hospitals by the authorised officers. In the case of " Section 20 patients," these histories are invariably obtained on the day after admission ; they are essential if it prove necessary for the Medical Superintendent to act under Section 21A.

Patients " on trial " from mental hospitals are supervised by the mental health workers. When requested, patients are given the benefits of the Council's after-care advisory service ; this is a time consuming business, but well worth the trouble.

The admission rate of voluntary patients continues high. 70.2% of all admissions during the year were without certification—this is slightly higher than last year. We appear to be reaching a stable figure here.

Apart from the 252 patients mentioned above, the authorised officers were called upon to investigate a further 160 cases (84 men and 76 women) but no statutory action was necessary. Twenty five of the 160 cases were old persons (aged 65 or over) who were helped over their temporary difficulties.

The total number of domiciliary visits made to and on behalf of persons suffering from mental illness was 1,234 (including 787 visits in relation to admission to hospitals). (See Table LI)—an increase of 33% on the previous year's number.

Hospital Psychiatric Out-Patient Clinics. These are as described in my last Report : The Consultants have always been very helpful to the Department.

(c) *Mental Deficiency Acts,* 1913—1938.

(i) *Ascertainment and Supervision.*

Ascertainment of mentally defective children continues to be satisfactory in Exeter. More time has been devoted to the investigation of Educationally Sub-Normal children in Exeter during 1952 and 1953 and the result has been to increase the number of school children who have been reported under Section 57(3) and 57(5) of the Education Act, 1944. In 1953 the number of children reported to the Mental Health Sub-Committee was 35 as against 18 in 1952 and 8 in 1951. (See Table LII).

Supervision is maintained by the Mental Health workers and the system has worked very satisfactorily. At the end of the year there were 144 Exeter persons under statutory supervision in the community as well as 39 under voluntary supervision, and there were 152 in institutions.

During the year the mental health workers made 754 home visits to mental defectives in the community and 475 other visits on behalf of the welfare of defectives such as to the National Assistance offices, Magistrates' Courts, Employment Exchanges, etc. The " voluntary supervision " of mentally defective women by health visitors was discontinued in October and taken over by the woman mental health worker. (See Table LIII).

During the year 8 defectives (3 male and 5 female) from Exeter were discharged from control under Mental Deficiency

Orders by the Board of Control. In addition, 10 (4 male and 6 females) discharged from the Order in other areas came into Exeter and voluntary supervision was continued.

The majority of adult defectives under supervision in the community are in employment but 38 of them are unable to hold a job ; of these 30 (17 men and 13 women) may benefit from training in an industrial centre. This is being borne in mind and at some not too far distant future date, I hope the Council will be able to establish an industrial centre for adult defectives.

(ii) *Guardianship.*

There are still 2 patients (1 man and 1 woman) under guardianship and both are receiving financial assistance from the National Assistance Board.

By special arrangement one woman attends the occupation centre on three afternoons each week where she receives instruction in sewing and knitting ; in addition she continues rug making at home.

(iii) *Occupation Centre.*

The staff, which consists of a fully trained Supervisor and two assistants, have done remarkable work and the children, now numbering 36, continued to progress. Two of the girls and one of the boys reached the age of 16 years during the year and efforts will be made for them temporarily to continue training, pending the establishment of an industrial section. But we must not lose sight of the basic principle, that we are, in the Centre, caring primarily for the group 2—16 years. There were four young defectives, excluded from school under Section 57(3) of the Education Act, 1944, and awaiting admission to the centre early in 1954.

The health of the children has remained good and there were no outbreaks of infectious disease. Helped by the provision of a taxi transport service, the average weekly attendance of the children has been 82% during the year. Children continued to receive, at the ordinary school rates or free, mid-day meals provided by the School Meals Service and they also had the benefit of the milk-in-schools scheme.

Sense training, habit training, speech training, training in rug and soft toy making, and a new activity viz. :—indian club swinging, which was very much enjoyed by all the children taking part, were among the activities of the centre.

I appreciate the kindness of many people who sympathise in a very practical way with the work of the centre. On June 5th the children, accompanied by the staff, were taken by charabanc to Tedburn St. Mary as part of the Coronation Celebrations ; tea was provided in the village institute through the generosity of the villagers assisted financially by the City Coronation and Mental Health Sub-Committees. In July the staff and children were invited by Mrs. E. Martin of Tedburn St. Mary near Exeter, to a garden party ; the children and staff thoroughly enjoyed themselves. In July also, by kind invitation of the Medical Superintendent at Starcross, the children and staff held their sports day in the grounds of the hospital at Starcross. The annual Open Day was held on 9th December 1953, and a large gathering of parents and friends saw a display of handwork, rhythm and music, and a Nativity Play ' The Flight into Egypt ' : this was performed with feeling and reflected great credit on the staff. The Christmas Party was held on December 18th, at the end of term. " Father Christmas " visited the centre and all the children and staff received presents, from the Christmas Tree.

Well attended Parent-Teacher Meetings were held in March and December : The Mental Welfare Officer addressed the members present on " Mental Deficiency Legislation " and Mrs. Eve Lewis, Educational Psychologist, Exeter Education Committee, gave a short talk on " Child Psychology."

During the year negotiations were commenced (and have now been completed in 1954) for the purchase of the Pinhoe Remand Home for Girls (formerly the Heavitree Isolation Hospital), a fairly modern single storey building, very suitable for conversion and with grounds for expansion. The present occupation centre building is totally unsuitable and out of date ; we expect rapid strides to be made when the transfer is made to these new premises where, if suitably adapted, it is anticipated that up to between 50 and 60 children may be accommodated. The problem of caring for children attending the centre who have reached the age of 16 years is becoming quite acute and I hope the Council will consider catering for adults in the near future, possibly by extension of these premises, or by securing some central premises for the purpose.

HOSPITAL CARE.

The number of Exeter mentally defective persons in hospital remains almost the same as in 1952. In this City a number of mental defectives on licence from Starcross Hospital is at work, in residence, at places where continuous stay or supervision is impossible through the whole of the year. They return to hospital during holiday times. When these persons have worked for two years or more outside the hospital it might well be thought they should be fit for the next grade of control, i.e., statutory supervision, though they might by no means be ready for complete freedom. We would like to arrange statutory supervision when the hospital authorities consider that desirable but unless the hospitals are able to guarantee that they will accept them back for temporary periods (which, under present arrangements, they can hardly do) it is impossible to secure this essential intermediate kind of control as a prelude to complete freedom in the community.

TABLES.

Table XXIII.

ANTE-NATAL CARE

Municipal Ante-Natal and Post-Natal Centres

No. of sessions held	73
No. of mothers attending	152
Total attendances	569
New cases	67
Post-Natal cases	49
Referred for treatment :—	
Dental treatment	33
Royal Devon and Exeter Hospital	3
V.D. Clinic	2
Mass Miniature Radiography	—

Exeter Maternity and District Nursing Association.

Ante-Natal and Post-Natal Clinics.

Cases seen at the ante-natal clinics	550
Attendances at the ante-natal clinics	2,308
Examined by doctor	198
Cases seen at the post-natal clinics	22
Attendances at the post-natal clinics	22
Cases examined by doctor	22

Table XXIV.
CHILD WELFARE CLINICS
ATTENDANCES

CENTRE.		Average No. of Infants on Books	Average No. of Attendances per Session
Bull Meadow—	Central	265	58
Buddle Lane—	Western	342	67
Bull Meadow—	Northern Area	314	58
Whipton—	North Eastern	353	60
Shakespeare Rd.—	South Eastern	325	54
Countess Wear—	....	130	39
Toddlers' Clinics.			
Shakespeare Rd.—	South Eastern	595	14
Whipton—	North Eastern	845	17

ATTENDANCES BY AGE GROUPS

Centre	Age Groups					Total
	Under 1	1 to 2	2 to 3	3 to 4	4 to 5	
Bull Meadow (Central)	1,857	407	230	165	172	2,831
Buddle Lane	2,138	428	252	182	200	3,200
Bull Meadow (Northern)	1,973	412	223	189	170	2,967
Whipton	1,886	417	183	230	187	2,903
Shakespeare Road ...	1,506	494	264	247	195	2,706
Countess Wear	791	158	124	105	66	1,244
Toddlers' Clinics.						
Shakespeare Road	—	37	31	36	51	155
Whipton	—	47	46	47	31	171
	10,151	2,400	1,353	1,201	1,072	16,177

Table XXV.
DAY NURSERIES

NURSERY	Buddle Lane.		Burnthouse Lane		Paul Street	
AGE GROUP IN YEARS	1-2	2-5	1-2	2-5	1-2	2-5
Number of Places	15	25	15	25	—	34
Number on rolls beginning 1953	11	28	7	35	—	25
Number on rolls end 1953	6	20	4	19	—	—
Mothers working full-time (At end 1953)	25		11		—	—
Mothers working part-time (At end 1953)	—		1		—	—
Other reasons .... (At end 1953)	1		8		—	—
Maximum Attendances	10	26	5	19	—	17
Minimum Attendances (excluding Saturdays)	4	9	1	8	—	8

Table XXVI.

PREMATURE LIVE AND STILLBIRTHS DURING 1953.

Premature Still-births		Weight		Premature Live Births																				
				Born at		Sex		Survivors at end of 1953		Deaths during 1953 — Age at death.								Believed causes of Prematurity.						
										Under 1 day		Over 1 day, under 1 week		Over 1 week, under 4 weeks		Over 4 weeks										
M.	F.	Over	Up to	Home	Hos-pital	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Eclampsia	Other Toxaemia	Placenta Praevia	Ante-Partum Haemorrhage	Twin Pregnancy	Syphilis	Rhesus Incompatibility	Habitual Prematurity	No cause Assignable
1	2	—	2 lbs. 3 ozs.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	1	2 lbs. 3 ozs.	3 lbs. 4 ozs.	2	7	5	4	—	1	4	—	1	3	—	—	—	—	1	2	—	1	3	—	—	—	2
4	—	3 lbs. 4 ozs.	4 lbs. 6 ozs.	5	16	9	12	8	5	—	4	1	1	—	1	—	1	—	3	—	1	2	—	1	1	13
—	—	4 lbs. 6 ozs.	4 lbs. 15 ozs.	3	14	13	4	11	2	1	—	—	1	—	—	1	1	—	—	—	2	3	1	—	—	11
2	—	4 lbs. 15 ozs.	5 lbs. 8 ozs.	25	15	17	23	13	23	1	—	1	1	—	—	1	—	—	1	—	1	2	—	—	1	35
8	3			35	52	44	43	32	31	6	4	3	6	—	1	2	2	1	6	—	5	10	1	1	2	61
11				87		87		63				20 Neonatal				4						26				61
														24 Died										87		

Table XXVII.

PROVISION FOR THE UNMARRIED MOTHER AND HER CHILD

(Work carried out by the Social Worker).

New cases	53
Visits paid	666
Interviews given	856
Cases outstanding from 1952	24
New cases 1953	53
Total cases dealt with	77

How dealt with :—

Booked at Home	7
,, ,, Mowbray Hospital	44
,, ,, St. Olave's Home	7
,, ,, Dunmore, Bradninch	1
,, ,, St. Mary's Hospital	3
,, ,, Redhills Hospital	1
,, ,, St. Gabriel's Home, Weymouth	1
,, ,, St. Raphael's Home, Bristol	1
,, ,, Royal Devon & Exeter Hospital	2
,, ,, Plymouth (Southview Home)	2
,, ,, Salisbury	2
Left Exeter	2
Not pregnant	4
	77

Affiliation orders obtained	7
Affiliation orders pending	3
Payment by private arrangement	1
Subsequent marriages	7
Co-habiting with putative father	8
Referred to V.D. clinic	2

The disposition at the end of 1953 of the 58 illegitimate babies born in 1953 and coming within the Social Worker's ambit is set out below :—

Kept by mother in own home	24
In lodgings with mother	4
Adopted	14
Placed in Dr. Barnardo's Nursery	1
Placed in Nazareth Home, Yelverton	3
Fostered	1
Not known	3
Died	2
Stillborn	6
	58

Table XXVIII.

WORK OF DOMICILIARY MIDWIVES, 1953.

BOOKINGS.

	Total
No. of cases brought forward on 1st January, 1953	153
No. of cases booked during the year	494
No. of emergency unbooked deliveries	9
No. of cases found not pregnant	3
No. of cases delivered during the year	430
No. of cases of miscarriage of booked patients	11
No. of cases left Exeter before delivery	10
No. of cases admitted to hospital undelivered	36
No. of booked cases subsequently delivered in maternity homes	18
No. of cases remaining on the books on 31st December, 1953	148

WORK DONE.

	Total
Cases attended as midwives	196
Visits paid as midwives	4,126
Cases attended as maternity nurses	234
Visits paid as maternity nurses	4,564
Cases booked during the year	494
Ante-natal visits to patient's homes	2,204
Medical Aid forms sent	35
Midwifery cases transferred to hospital	6
No. of health visits paid by midwives	628
No. of health visits paid by maternity nurses	616

GAS AND AIR ANALGESIA.

	Total
No. of cases where gas and air analgesia given	354
No. of cases where other analgesia given	18
No. of cases where analgesia not given	58
	430

No. of cases where pethidine administered	184
Reasons for non-administration of analgesia :	
Labour too rapid	37
Medical reasons	1
Premature labours	9
Patient refused analgesia	11
	58

Table XXIX.

MEDICAL AID FORMS SENT IN 1953.

Reason for calling Medical Aid.	*By E.D.N.A.*	*By Private Midwives*	*By Hospitals, etc.*
Ante-Natal Period.			
Raised Blood Pressure and Albuminaria	4	—	—
Gross Odaema	1	—	—
Post Maturity	2	—	—
General Debility	1	—	—
Cardiac Failure	1	—	—
Ante-Partum Haemorrhage ..	2	—	—
Labour.			
Uterine Inertia	—	—	1
Prolonged First Stage ..	2	—	—
Prolonged Second Stage ..	—	—	6
Ruptured Perineum	11	1	8
Foetal Distress	—	—	2
Breech Delivery	—	—	1
Maternal Distress	1	—	1
Ante-Partum Haemorrhage ..	1	—	—
Transverse Lie	1	—	—
Post-partum Haemorrhage and retained placenta	1	—	—
Torn Perineum and Post-partum Haemorrhage	—	—	1
Puerperium.			
Pyrexia	2	1	4
Flushed breast	2	—	—
Pain and Inflammation in Leg	1	—	—
Infant.			
Discharging Eyes	1	—	—
Prematurity	1	—	—
Illness of baby	—	—	1
	35	2	25
TOTAL ..		62	

Table XXX.

HOME NURSING DURING 1953.

Type of Case	On Books	Sent By				Age Group*					Sex		Total Visits	Result				
		G.P's	Hosp.	P.H. Dept.	Others	0–1	1–5	5–15	15–65	65 and over	M.	F.		Deaths	Transd to Hosp.	Conval-escent	Remov-ed for other causes	On Books
Degenerative Diseases and Senility :																		
Post-stroke	22	98	—	1	10	—	—	—	17	114	51	80	5,896	39	25	26	12	29
Carcinoma	11	61	7	—	2	—	—	—	27	54	35	46	2,975	44	15	5	11	6
Diabetes	37	21	24	4	26	—	—	—	27	85	22	80	15,553	2	17	1	45	47
Heart Cases	20	169	3	1	10	—	—	—	36	167	100	103	5,590	43	32	36	40	52
Arthritis	13	9	1	—	4	—	—	—	5	22	3	24	1,460	1	4	3	8	11
Other Chronic diseases	40	174	16	1	21	—	3	6	101	142	68	184	6,794	12	25	58	99	58
Ulcers of Legs	19	37	5	—	1	—	—	—	22	40	14	48	4,591	—	5	27	13	17
Simple Senility	38	119	6	5	21	—	—	—	2	187	65	24	11,207	40	23	15	46	65
Tuberculosis :	6	14	2	3	1	—	—	—	21	5	17	9	1,420	3	5	10	4	4
Acute Infections, including Infectious Disease :																		
Influenza	3	29	—	—	4	—	—	1	22	13	10	26	281	2	2	28	4	—
Measles	—	6	—	—	1	—	1	6	—	—	5	2	29	—	—	6	1	—
Whooping Cough	—	—	—	—	1	—	—	1	—	—	1	—	5	—	—	1	—	—
Others	2	8	—	—	—	—	2	4	2	2	5	5	63	—	2	8	—	—
Pneumonia	6	89	—	—	3	1	11	8	31	47	47	51	1,317	9	8	74	5	16
Other acute chest conditions	6	272	—	2	14	13	29	17	110	125	122	172	2,774	17	25	231	2	3
Tonsillitis	1	61	—	—	1	—	3	10	45	5	24	39	439	1	—	57	22	10
Carried Forward	224	1,167	64	17	120	14	49	53	428	1,008	589	993	60,394	213	188	576	312	328

*In this Table, 1—5 means 1 and over but under 5 years, similarly for the other groups.

Continued on opposite page.

Table XXX.—*Continued.*

HOME NURSING DURING 1953—*Continued.*

Type of Case	On Books	Sent By				Age Group*					Sex		Total Visits	Result				
		G.P's	Hosp.	P.H. Dept.	Others	0–1	1–5	5–15	15–65	65 and over	M.	F.		Deaths	Transd. to Hosp.	Convalescent	Removed for other causes	On Books
Brought Forward	224	1,167	64	17	120	14	49	53	428	1,008	589	993	60,394	213	188	576	312	328
Acute Infections—Cont.																		
Other acute infections	8	322	10	3	20	28	34	34	201	66	171	192	3,672	4	26	301	10	10
Ear Infections	5	199	4	8	3	16	71	108	22	2	116	103	1,841	—	7	192	13	8
Maternity and Gynaecological :																		
Infect. midwifery	—	2	2	—	18	—	—	—	22	—	—	22	427	—	2	15	5	—
Breast abscess	—	6	3	—	3	—	—	—	12	—	—	12	165	—	2	10	1	—
Flushed breast	—	14	—	1	6	—	—	—	21	—	—	21	222	—	3	17	3	4
Miscarriages	1	49	2	—	6	—	—	—	58	—	—	58	606	—	15	43	—	—
Changing of Pessaries	1	25	—	—	106	—	—	—	23	109	—	132	171	—	—	—	131	1
Accidents :	7	52	20	—	6	—	6	12	39	28	31	54	1,880	—	9	67	3	6
Others :																		
Post Operation Cases	15	51	109	1	3	1	3	20	106	49	89	90	4,060	3	9	146	3	6
Pre X-ray Treatments	—	10	61	—	1	—	1	1	42	28	26	46	73	—	—	—	72	—
Enemata	2	169	4	2	3	2	4	8	97	69	85	95	38	—	11	161	8	—
Threadworms	—	8	—	—	—	—	2	3	3	—	2	6	18	—	—	8	—	—
Totals	263	2,074	279	32	297	61	170	239	1,114	1,359	1,109	1,824	73,912	220	272	1,546	558	347

Casual (Non-Nursing) Visits 1,304.

*In this Table, 1—5 means 1 and over but under 5 years; similarly for the other groups.

Table XXXI.

IMMUNISATION AND VACCINATION DURING 1953.

SMALLPOX VACCINATION.

SMALLPOX VACCINATION figures for the year 1953 were :—

Primary vaccinations	684	By general practitioners	569
		At clinics	115
Revaccinations	158	By general practitioners	155
		At clinics	3

AGE GROUPS OF PERSONS VACCINATED DURING 1953.

	Under 1	1 to 4	5 to 14	15 and over	Totals
Primary	595	24	11	54	684
Re-vaccinations	—	4	11	143	158

Live births in 1953 numbered 1,152.

DIPHTHERIA IMMUNISATION.

The figures for Diphtheria Immunisation for 1953 were :—

Primary Courses of Immunisation	965	By private practitioners	648
		At clinics	317

(Including 790 combined Diphtheria—Whooping Cough immunisation courses).

Re-inforcement Injection	1,111	By private practitioners	278
		At clinics	833

Of the 965 primary immunisations 860 refer to children under the age of 5 years, and 372 to children under the age of 1 year. More children are taken to general practitioners for primary immunisation now than to clinics, but the vast majority of re-inforcement injections are done at clinics.

IMMUNISATION AGAINST DIPHTHERIA BY AGE.

(Including children who have had combined whooping cough—diphtheria immunisation).

AGE AT IMMUNISATION	Under 1	1	2	3	4	5-9	10-14	Total under 15
Number Immunised, by end of 1953	372	327	768	855	901	4,972	4,234	12,429

WHOOPING-COUGH IMMUNISATION.

Course completed :—

By private practitioners	58
At Clinics	172

COMBINED WHOOPING-COUGH—DIPHTHERIA IMMUNISATION.

By private practitioners	569
At clinics	221

IMMUNISATION AGAINST WHOOPING-COUGH BY AGE.

(Including also combined whooping cough—diphtheria immunisation).

AGE AT IMMUNISATION	Under 1	1	2	3	4	5	Total under 15
Number immunised by end of 1953	341	261	156	78	52	65	953

DIPHTHERIA IMMUNISATION IN RELATION TO CHILD POPULATION.

Number of Children at 31st December, 1953, who had completed a course of Immunisation against Diphtheria *at any time before that date,* (i.e. at any time since 1st January, 1939).

AGE AT 31.12.53.	Under 1	1—4	5—9	10—14	Total under 15
I.E.—BORN IN YEAR :	1953	1952—1949	1948—1944	1943—1939	
Last complete course of injections (whether primary or booster) A. 1949—1953	59	3,172	4,592	3,270	11,093
B. 1948 or earlier	—	—	1,202	2,179	3,381
C. Estimated mid-year child population	1,100	4,400	10,700		16,200
" Immunity Index "	5.4	72.1	73.5		68.5

*Table XXXII.

AMBULANCE SERVICE DURING 1953.

RETURN SHEWING CLASSES OF WORK DONE BY
EXETER (ST. JOHN) AMBULANCE SERVICE.

DISTRIBUTION.	AMBULANCES.		CARS.	
	Patients	*Miles*	*Patients*	*Miles*
Accidents	499	1,406	155	471
Acute Illness	417	1,207	155	618
To and from Hospitals	2,592	10,413	2,899	12,240
Inter Hospital transfers	1,459	10,425	570	1,799
Maternity	219	915	416	2,201
Mental	75	937	42	453
Miscellaneous—(including work for Education Department)† ..	762	3,299	960	3,716
Administration (journeys)	483	1,117	295	746
Abortive (journeys)	83	252	79	171
‡To and from adopted Area ..	539	5,789	450	5,496
‡From Exeter to places in Devon ..	971	26,371	296	8,463
‡Other Local Authorities	84	2,748	124	2,799
Civil Defence Corps Training (journeys)	72	1,385	3	52
TOTALS ..	8,255	66,264	6,444	39,225

†4,731 miles were covered by car and light ambulance for the purpose of conveying handicapped children to school.

‡All the work included under these headings is chargeable to other Authorities.

*Because of the difficulty in obtaining the figures, table XXXII is not in quite the same form as last year.

Table XXXIII.

AMBULANCE SERVICE.

WORK DURING YEAR 1953, BY MONTHS.

MONTH	Infectious Disease Ambulances (including tuberculosis).			ST. JOHN AMBULANCE ASSOCIATION.									Hospital Car Service		Patients escorted by S.J.A.B. (vol.) Personnel	
				Ambulances			Cars.			Trains.						
	Patients.	*Journeys.*	*Mileage*	*Patients.*	*Journeys.*	*Mileage*	*Patients.*	*Journeys.*	*Mileage*	*Patients.*	*Mileage*		*Patients.*	*Mileage*	*Road*	*Rail*
January	63	42	544	695	524	5,443	484	343	2,772	18	1,970		1,025	4,812	128	10
February	82	62	809	659	482	5,284	447	352	2,912	20	1,478		817	3,745½	110	13
March	109	84	1,446	747	543	6,591	440	343	3,310	32	2,413		881	3,718	108	14
April	60	49	681	672	483	5,601	414	289	2,945	21	1,574		842	2,679½	102	12
May	55	45	727	803	520	5,416	550	383	3,590	26	2,892		1,205	4,732½	98	14
June	68	52	847	658	460	5,215	551	376	3,487	17	1,404		1,034	4,029	92	8
July	80	59	1,121	608	419	5,394	561	402	3,319	21	2,338		1,274	4,949½	89	13
August	75	55	996	538	431	4,528	425	348	2,831	49	4,359		864	3,831½	73	24
September	55	47	790	570	430	5,167	556	385	3,169	26	3,399		1,038	4,149½	91	14
October	84	60	951	528	394	4,951	606	406	3,380	18	2,425		1,193	4,745	102	13
November	94	72	1,179	532	400	4,925	571	374	3,312	18	1,593		1,184	4,249	92	12
December	91	71	1,031	607	441	4,995	462	286	3,229	19	1,751		1,127	4,425	82	13
TOTALS	916	698	11,092	7,617	5,527	63,510	6,067	4,287	38,256	285	27,596		12,484	50,066	1,167	160

Table XXXIV.

TUBERCULOSIS STATISTICS FOR THE CITY.

Total cases on Register, 1st January, 1953 :		
Pulmonary	487	
Non-Pulmonary	88	575
Total notifications received after deduction of 9 duplicates :		
Pulmonary, including 3 posthumous notifications	92	
Non-Pulmonary	11	103
Inward transfers and cases previously "lost sight of" which returned to the Clinic during the year :		
Pulmonary	76	
Non-Pulmonary	11	87
Outward transfers :		
Pulmonary	58	
Non-Pulmonary	7	65
Deaths during the year from Tuberculosis :		
Pulmonary	22	
Non-Pulmonary	1	23*
Deaths during the year of Tuberculosis patients from other causes :		
Pulmonary	—	
Non-Pulmonary	1	1
Number of cases removed from Register as "Recovered" or "Mistaken Diagnosis" :		
Pulmonary	17	
Non-Pulmonary	9	26
Taken off the Register as "lost sight of" :		
Pulmonary	1	
Non-Pulmonary	1	2
Total cases on Register, 31st December, 1953 :		
Pulmonary	558	
Non-Pulmonary	92	650

*5 of these deaths (4 Pulmonary, 1 Non-Pulmonary) were in persons not notified during life and consequently not named in the Clinic Registers ; 2 were not notified at all and 3 were notified after death.

Table XXXV.

CASES ON TUBERCULOSIS REGISTER (31ST DECEMBER, 1953).

AGE GROUP.	RESPIRATORY	NON-RESPIRATORY						
		Neck glands	Genito-urinary	Spine	Other bones and Joints	Ab-dominal	Meninges	Lupus, Mastoid
MALE								
0–5	2	—	—	—	—	—	—	—
5–15	28	6	—	—	1	2	—	—
15–25	78	3	1	5	1	—	—	—
25–35	73	2	1	3	—	—	—	—
35–45	49	—	1	2	1	—	—	—
45–65	85	—	3	—	1	—	—	—
65 & Over	8	—	—	—	—	1	—	—
Total Male	323	11	6	10	4	3	—	—
FEMALE								
0–5	1	—	—	—	—	—	—	—
5–15	12	3	—	1	3	—	—	2
15–25	69	3	3	—	1	2	—	—
25–35	85	5	3	3	5	1	1	—
35–45	40	1	3	1	3	—	—	—
45–65	24	1	2	—	4	—	—	1
65 & Over	8	—	1	1	—	—	—	—
Total Female	239	13	12	6	16	3	1	3

GRAND TOTAL, MALE AND FEMALE — 650

Table XXXVI.

TABLE SHOWING THE MORTALITY IN EXETER FROM TUBERCULOSIS DURING THE PAST 10 YEARS.

Year	DEATHS.			DEATH RATE. PER 1,000 POPULATION			DEATHS OF CHILDREN UNDER 5.
	Pulmonary	Non-Pulmonary	Total	Pulmonary	Non-Pulmonary	Total	
1944	47	7	54	0.68	0.1	0.78	1
1945	42	10	52	0.62	0.14	0.76	—
1946	33	10	43	0.45	0.14	0.59	—
1947	35	4	39	0.47	0.05	0.52	1
1948	31	4	35	0.41	0.05	0.46	—
1949	32	8	40	0.42	0.1	0.52	1
1950	32	2	34	0.41	0.03	0.44	—
1951	14	5	19	0.18	0.07	0.25	—
1952	19	2	21	0.25	0.03	0.27	—
1953	22	1	23	0.28	0.01	0.29	—

Table XXXVII.

NOTIFICATIONS OF NEW CASES OF TUBERCULOSIS DURING 1953. ARRANGED ACCORDING TO AGE.

AGE AT NOTIFICATION	Pulmonary.		Non-Pulmonary.	
	Male.	Female.	Male.	Female.
0—	—	—	—	—
1—	2	—	—	—
2—	—	—	1	—
5—	2	1	—	2
10—	3	—	—	—
15—	4	10	1	—
20—	6	7	2	—
25—	8	10	—	—
35—	5	6	—	2
45—	14	3	—	—
55—	3	4	1	2
65—	3	—	—	—
75 and over	1	—	—	—
Totals	51	41	5	6

103

Table XXXVIII.

DEATHS FROM TUBERCULOSIS DURING 1953, ARRANGED ACCORDING TO AGE.

AGE AT DEATH.	Pulmonary.		Non-Pulmonary.	
	Male.	Female.	Male.	Female.
0—	—	—	—	—
1—	—	—	—	—
2—	—	—	—	—
5—	—	—	—	—
10—	—	—	—	—
15—	—	—	—	—
20—	1	1	—	—
25—	1	—	—	—
35—	3	—	—	—
45—	2	1	—	—
55—	5	3	—	—
65—	4	1	—	1
75 and over	—	—	—	—
Totals	16	6	—	1

22 1

NOTES : The above table includes 5 deaths in persons not notified during life (see page 83).

In addition to the above, 1 Chest Clinic patient (Non-Pulmonary) died from Causes other than Tuberculosis.

Table XXXIX.

MASS RADIOGRAPHY UNIT SURVEYS, 1953.

	Male.	Female.	Total.
Number examined :—			
In May survey	3,777	2,988	6,765
In October survey	1,774	1,816	3,590
TOTALS ..	5,551	4,804	10,355

Table XL.

CASES EXAMINED AT CHEST CLINIC ON REFERENCE FROM THE MASS RADIOGRAPHY UNIT DURING 1953, WITH FINDINGS.

	AGE IN YEARS.							TOTAL
	Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	
Male	—	6	6	6	5	2	3	28
Female	—	13	8	6	5	1	3	36
TOTALS	—	19	14	12	10	3	6	64

Of this total of 64 cases referred, 2 were already known to the Chest Clinic to be suffering from Pulmonary Tuberculosis and 1 was outside the area covered by the Clinic and was transferred. Of the 61 cases remaining 20 were proved to be suffering from Pulmonary Tuberculosis as follows :—

		AGE IN YEARS							TOTAL
		Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	
MALE	Positive Sputum	—	—	2	1	1	1	—	5
	Negative Sputum	—	3	1	—	—	—	—	4
FEMALE	Positive Sputum	—	4	3	—	—	—	1	8
	Negative Sputum	—	2	1	—	—	—	—	3
TOTALS	....	—	9	7	1	1	1	1	20

Of the 20 cases proved to be Tuberculous, 13 have had or are still undergoing Sanatorium Treatment, and it is expected they will recover with good result. 1 patient wished to return to her home area for treatment and arrangements for this were made accordingly. A further elderly patient did not wish Sanatorium Treatment and is being kept under Clinic Supervision, as are the remaining 5 cases for whom chemotherapy was not considered necessary.

Of the remaining cases, 22 are still being kept under observation at the Chest Clinic, and 17 have now been taken off the Books as not suffering from active Pulmonary Tuberculosis, and 2 have been transferred elsewhere for continued supervision.

Table XLI.

SUMMARY OF WORK CARRIED OUT AT EXETER CHEST CLINIC.

	1949	1950	1951	1952	1953
1. Number of new cases diagnosed as suffering from Active Pulmonary Tuberculosis	58	95	108	111	103
2. Number of new patients examined during the year and found not to be suffering from Tuberculosis	332	347	468	692	752
3. Number of old contacts examined during the year	339	393	491	78	105
4. Number of new contacts examined during the year	154	213	308	117	307
5. Re-attendances of Tuberculosis Patients already known	1,065	930	950	1,034	1,070
6. Number of Inward Transfers received during the year from other Clinics	43	65	60	66	86
7. Number of B.C.G. Vaccinations carried out during the year	—	26	104	48	173
8. Number of X-ray Films taken during the year	1,159	1,403	1,738	1,642	1,792
9. Number of screenings made during the year	895	1,166	1,462	1,380	894
10. Number of Refills given during the year	619	1,099	1,453	1,099	730
11. Number of Pathological Examinations made during the year	—	623	1,229	1,437	2,813
12. Number of old contacts referred to Mass Radiography Unit during the year	—	—	—	277	100
13. Number of new contacts referred to Mass Radiography Unit during the year	—	—	—	121	77

Table XLII.

EXAMINATION OF CONTACTS—AGE GROUPS.

		Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	TOTAL	
Number of contacts examined during the year by the Chest Physician	New	86	78	63	35	29	12	4	307	412
	Old	73	21	8	2	1	—	—	105	
Number of contacts referred to the Mass Radiography Unit during the year	New	—	29	34	12	2	—	—	77	177
	Old	2	58	32	6	2	—	—	100	
Number of contacts found to be suffering from active Pulmonary Tuberculosis	Sputum Positive	—	3	1	1	—	—	—	5	10
	Sputum Negative	—	4	—	—	1	—	—	5	

272 contacts failed to keep appointments made for them to be examined at the Mass Radiography Unit. A large proportion of the absentees were workers who found it impossible to attend Sessions during the day (unfortunately there was only one evening Session available).

Table XLIII.

TUBERCULIN TESTING.

	CHILDREN															Nature of Reference of School Children.				ADULTS.			
	0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14	14-15	Senior School Children	Contacts of known cases of Tuberculosis	School Medical Officer	Private Practitioners	Other Clinics, etc.	Nurses	Home Helps	Occupational Therapists	Chest Clinic Patients
POSITIVE RE-ACTION	5	9	12	8	8	5	7	6	13	6	9	5	4	1	—	9	91	6	9	1	7	1	14	13
NEGATIVE RE-ACTION	23	14	12	10	8	9	12	8	12	10	10	6	6	2	2	7	95	15	33	8	—	—	13	2
TOTALS	28	23	24	18	16	14	19	14	25	16	19	11	10	3	2	16	186	21	42	9	7	1	27	15

GRAND TOTAL OF TUBERCULIN TESTS = 308

These figures do not include 200 tests carried out after B.C.G. Vaccination was given.

Table XLIV.

B.C.G. VACCINATION.

B.C.G. Vaccination was completed in 173 persons during the year.*

0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14		OVER 15			
															Senior School Children	Nurses*	Home Helps	Occupational Therapists
14	21	14	3	4	7	5	11	4	1	1	1	2	1	—	73	6	1	2

*Additionally 37 student nurses from hospitals in the City were B.C.G. vaccinated at Newcourt Training School by Dr. Adkins, under arrangements made by the Exeter and Mid-Devon Hospital Management Committee.

Table XLV.

PATHOLOGICAL EXAMINATIONS.

This work is carried out at the Public Health Laboratory (except for Sedimentation Rates and Haemoglobin Examinations which are done at the Department of Pathology, Royal Devon and Exeter Hospital).

Nature of Examination.			Results.		
			Positive.	Negative.	
Sputum	Direct Smear		164	855	
	Culture		106	404	
	Guinea Pig Inoculation		6	22	
Swabs	Nose	all culture	2	30	
	Throat		5	30	
	Sinus		2	7	
Gastric Contents	Direct		—	31	
	Culture		8	26	
	Guinea Pig Inoculation		9	16	
Urine			1	17	
Faeces			1	1	
Antibiotic and Chemotherapy Sensitivity Tests on Tubercle Bacilli Recovered.	Streptomycin	Resistant	—	—	12
		Sensitive	—	—	50
	Isoniazid	Resistant	—	—	18
		Sensitive	—	—	17
	P.A.S.	Resistant	—	—	6
		Sensitive	—	—	5
Sedimentation Rates (Wintrobe Technique)			—	—	540
Haemoglobin Estimations			—	—	523
Complete Blood Counts			—	—	248
Hogben Pregnancy Tests			6	—	
Bencards Skin Tests			2	12	
Blood Urea			—	3	
Schuaddin Tests			—	2	

Table XLVI.

Home Visits.

During the year 1,692 Home Visits were made by the Tuberculosis Health Visitor (Miss A. Dawson).

This figure is made up as follows :—

(a)	Primary visits to New Patients	80
(b)	Primary visits to New Contacts	85
(c)	Repeat visits to Patients	519
(d)	After-care visits	320
(e)	Visits for carrying out Jelly Tests at home	377
(f)	Visits for carrying out Gastric Lavages at home	34
(g)	Other visits	277

The Chest Physician (Dr. R. P. Boyd) made 214 Home Visits for the examination of patients. The visits were, almost without exception, to patients who were too ill to attend the Chest Clinic.

Table XLVII.

Venereal Disease Clinic—Exeter Residents.

Year.	New Cases of Syphilis.	New Cases of Gonorrhoea.	New Cases of Chancroid.	Examined and found not to be suffering from V.D.
1942	23	42	—	65
1943	11	23	1	99
1944	34	19	—	134
1945	30	25	—	116
1946	53	56	—	202
1947	31	46	—	115
1948	17	29	—	100
1949	9	22	—	104
1950	15	13	—	80
1951	9	8	—	72
1952	7	9	—	64
1953	8	1	—	54

Table XLVIII.

DOMESTIC HELP SERVICE.

Summary of work undertaken :

	No. of cases helped.		*No. of hours worked.*	
	Full-time.	*Part-time.*	*Full-time.*	*Part-time.*
Maternity.				
(a) Confinement	25	22	2,257½	1,101
(b) Ante-natal	2	9	176	578
Acute Illness.				
(a) Under pension age	7	29	892	3,219½
(b) Over pension age	—	8	363	2,950½
Chronic Sickness.				
(a) Under pension age	2	31	2,376½	4,977
(b) Over pension age	4	27	3,092½	7,436
Old Age and Infirmity	1	68	971	10,878
Mental Defectives	—	—	—	—
Others	—	—	—	—
Totals	41	194	10,127½	31,150
	235		41,277½	

MENTAL HEALTH SERVICES.

Table XLIX.

Table shewing admissions of persons suffering from mental illness to hospitals during 1953, through the Authorised Officers :—

Health Service Class.	*Male*	*Female*	*Total*
(1) Voluntary	52	78†	130
(2) Temporary	1	3	4
(3) Section 20	36	44	80
(4) Certified	14	24	38
TOTALS ..	103	149	252

† 1 remaining from Section 20 cases last year.

The 80 Section 20 cases subsequently became :—

Type of Patient.	*Male*	*Female*	*Total*
(1) Voluntary	15	31	46
(2) Temporary	1	3	4
(3) Certified	7	3	10
(4) Discharged	11	4	15
(5) Died	1	1	2
(6) Remaining at 31/12/53 ..	2	1	3
TOTALS ..	37	43	80

Table L.

EXETER RESIDENTS SUFFERING FROM MENTAL ILLNESS IN HOSPITALS DURING THE YEAR 1953, TOGETHER WITH ADMISSIONS AND DISCHARGES.

(In this table every admission and discharge is counted. Some patients have been admitted and/or discharged more than once during the year).

AGE GROUP. (Years).	*State at 31st Dec., 1952. (In hospital).* *				*Admissions.* *				*Discharges.* *				*Deaths.* *				*Remaining in Hospital on 31st Dec., 1953.* *			
	(1).	(2).	(3).	(4).	(1).	(2).	(3).	(4).	(1).	(2).	(3).	(4).	(1).	(2).	(3).	(4).	(1).	(2).	(3).	(4).
0–14																				
Male	—	—	—	—	1	—	—	1	—	—	—	1	—	—	—	—	1	—	—	—
Female	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
15–44.																				
Male	15	—	33	—	28	1	6	18	27	1	3	18	—	—	—	—	14	—	33	1
Female	8	—	22	—	30	1	5	16	26	1	1	15	1	—	—	—	11	—	25	—
45–64.																				
Male	14	—	32	—	15	—	3	13	13	—	—	11	2	—	1	1	12	—	35	1
Female	11	—	73	1	37	2	8	19	29	—	1	19	1	—	—	—	16	2	77	1
65 and over.																				
Male	11	—	24	—	8	—	5	4	8	—	—	4	1	—	6	—	13	—	25	—
Female	21	—	53	—	10	—	11	9	10	—	1	8	4	—	4	1	19	—	63	—
TOTALS	80	—	237	1	130	4	38	80	113	2	6	76	9	—	11	2	87	2	258	3
	318				252				197				22				350			

*Figures in brackets denote : (1) Voluntary ; (2) Temporary ; (3) Certified ; (4) Section 20.

Table LI.

TABLE SHEWING MENTAL HEALTH WORKERS HOME VISITS TO MENTALLY ILL PERSONS DURING 1953.

Type of Visit.	*Male*	*Female*	*Total*
(1) Upon discharge from hospital or Forces	151	136	287
(2) Prior to and after removal of case	347	440	787
(3) Visited but no statutory action necessary	84	76	160
TOTALS . .	582	652	1,234

Table LII.

ASCERTAINMENT OF MENTAL DEFECTIVES DURING 1953 :—

How Reported.	*Male*	*Female*	*Total*
(1) By Local Education Authority under Section 57(3) of 1944 Education Act	5	6	11
(2) By Local Education Authority under Section 57(5) of 1944 Education Act, on leaving ordinary schools	7	13	20
(3) Reported through Police and Magistrates' Court . .	3*	—	3*
(4) Other Sources	1	—	1*
TOTALS . .	16	19	35

*Over 16 years of age.

7 of the 11 children excluded from school (4 girls and 3 boys) commenced training at the Occupation Centre. 2 of the remaining 4 will do so in the near future ; the other 2 were unsuitable for training.

DISPOSAL OF 35 CASES " ASCERTAINED " DURING 1953 :—

How dealt with	*Male*	*Female*	*Total*
(1) Placed under Statutory Supervision	12	18	30
(2) Admitted to Institutions . .	3†	1	4
(3) Placed under Voluntary Supervision, not at present " subject to be dealt with " . .	1	—	1
TOTALS . .	16	19	35

†These 3 boys, over 16 years of age, came through the Court.

At the end of the year there were 3 urgent cases (1 male and 2 females) awaiting admission to hospital.

No cases were de-certified under Section 8 of the 1948 Education (Miscellaneous Provisions) Act, during the year.

Table LIII.

TABLE SHEWING MENTAL HEALTH WORKERS' HOME VISITS TO MENTALLY DEFECTIVE PERSONS DURING 1953.

Type of Case and reason for visit.	*Visits to children under 16 years of age.*		*Visits to Persons over 16 years of age.*		*Total.*
	Male	*Female*	*Male*	*Female*	
Voluntary Supervision	—	—	68	21	89
Statutory Supervision	43	59	260	187	549
Guardianship	—	—	—	2	2
Review Reports	—	—	47	19	66
Licence and Holiday Reports	—	—	34	14	48
	43	59	409	243	754
Adult " Voluntary Supervision " by Health Visitors (up to 30.9.1953)	—	—	—	30	30
TOTALS	43	59	409	273	784

In addition to the 754 visits made to mental defectives' in the community, 475 visits were made to various organisations, courts, National Assistance Board offices, Ministry of Pensions, Employment Exchange, etc., on behalf of mental defectives.

Table LIV.

TABLE OF MENTAL DEFECTIVES UNDER SUPERVISION AT 31ST DECEMBER, 1953.

AGE GROUP.	STATUTORY SUPERVISION.			VOLUNTARY SUPERVISION.		
	Male	*Female*	*Total*	*Male*	*Female*	*Total*
Under 16 years	23	27	50	—	—	—
Over 16 years	45	49	94	20	19	39
TOTALS	68	76	144	20	19	39

Table LV.

TABLE OF MENTAL DEFECTIVES FROM EXETER IN HOSPITALS AT THE 31ST DECEMBER, 1953.

NAME OF HOSPITAL.	MALE.		FEMALE.		TOTAL.	
	Under 16	*Over* 16	*Under* 16	*Over* 16	*Under* 16	*Over* 16
Royal Western Counties	9	79	2	50	11	129
Other Hospitals	1	6	—	10	1	16
Rampton Hospital	—	4	—	3	—	7
TOTALS	10	89	2	63	12	152

Table LVI.

EXPENDITURE ON HEALTH SERVICES.

Approximate Actual Expenditure, March 1953/March 1954.

	Expenditure £	*Income* £
Public Health Services	19,344	1,863
Health Centres	—	—
Care of Mothers and Young Children	14,796	1,927
Midwifery	9,894	1,217
Health Visiting	5,032	—
Home Nursing	13,985	1,957
Vaccination and Immunisation	1,501	—
Ambulance Service	18,410	5,836
Prevention of Illness, Care and After-Care (excluding Mental Health)	3,716	1,508
Domestic Help	6,899	1,300
Mental Health Service	4,945	387
General Establishment Changes	3,524	—
Ministry of Health Grant	—	35,979
	£102,046	£51,974

APPENDIX I.

TRAINING OF HOME NURSES

As the training of home nurses is now engaging wide attention it is appropriate to indicate the ideas we—the Superintendent and I—hold here.

Training Centres.

We think there is an advantage in every training centre being associated with an active District Nursing Home or a headquarters of a Local Health Authority Home Nursing Service but not with a service which is entirely based on nurses working from their own homes. In most counties there is normally one or more centres of population large enough to sustain an active Home of this sort. There should be a moderate concentration of centres—to quote a phrase now current in a much less agreeable context in public health ; but we do not feel it is necessary to have very few very large centres : geographical considerations are obviously important in this.

Duration of Training.

Training should be whole-time, should last 4 months (as usual at present), and only candidates with general state registration should be accepted : of applicants only those who shew a sympathetic appreciation of the problems of people in their own homes, especially poor people, should be considered for training. Block study periods are desirable in large centres but they are not practicable in smaller ones, though even there study days are desirable.

Nature of Training.

We do not consider all centres should be large centres since in our judgment the essence of the training should be in the application of existing knowledge and skill in nursing techniques, by nurses already trained, to home circumstances, where improvisation of methods and sometimes of material is inevitable : the theoretical training should be supplementary to general nurse training and should be related more to those domestic and social problems (which can cause illness, affect the course of an illness, hamper rehabilitation or predispose to relapse), and of course should include discussion of the agencies and methods available for their remedy. We believe that students should undertake practical work under the supervision of a very experienced nurse for the first two weeks of their training and then be subject to a fortnightly inspection by way of a round with one of the senior tutors ; and that during the course they should, if training in an urban centre, work for two weeks under the supervision of a home nurse in a rural area, so as to appreciate the differences in town and country life and nursing, and to get an idea of the way combined nursing, midwifery and health visiting may be undertaken. Practical demonstrations should take place both at the centre and at the patients' homes : visits to hospitals, clinics and other premises should be undertaken in accordance with a syllabus, and nursing of all types not excluding infectious disease should be covered in the practical training.

We believe three short examination papers of 2 questions each during the training would be useful in assessing progress.

NATIONAL STANDARDS.

There are advantages in the training centres being associated with a central national institution requiring national standards of efficiency, and in there being a national standard of examination pass which should be required of all nurses as a pre-requisite to full home nursing status, with appropriate salary rewards.

The qualifying examination at the end of training should be a practical examination, conducted by observation of the nurse's work with cases in the District, in relation to the basic nursing skills and the more specialised techniques as applied in the home.

QUALIFYING EXAMINATIONS.

A theoretical paper of three hours covering six questions should include questions devised to show not only the nurse's knowledge of the variations in method necessitated in home nursing care and her resourcefulness, but also her knowledge of causes of social-medical distress : the sources of help available for persons so affected ; the personal contribution the home nurse can make in any domestic circumstances, quite apart from her nursing skill ; knowledge of budgeting and dietetics ; and a general understanding of environmental public health and social welfare work. It is important that the standard set in this part should not be too high.

The practical examination should be conducted by an experienced nurse of standing, preferably nominated by a central body and taking into account the estimation of the Superintendent of the Training Centre : a high standard should be required in this part of the examination.

Candidates should be required to pass in each part separately ; and in the practical examination, three-quarters of the marks should be allocated to the practical nursing part of the examination and one-quarter to the candidate's work during the course, as marked by the Superintendent. 50% should be the pass mark in each section.

SYLLABUS OF TRAINING IN USE IN EXETER.

The syllabus followed in our own centre is set out below. This is conditioned by the requirements of the Queen's Institute, but we think it is reasonable.

SYLLABUS.

Lecture.	*Lecturer.*	*No. of Lectures*
The practical, economic, and administrative aspects of the Social-Welfare Services ..	A lecturer with special experience in social administration	5
District Nursing, both urban and rural	Superintendents of City and County District Nursing Homes	6
Public Health Administration Legislation, and Authorities concerned in medical / social work. Evolution of Public Health and Allied Services. Control of Infectious Disease. Vital Statistics.	Medical Officer of Health ..	6
Infant Welfare	Assistant Medical Officer of Health	2
Nursing of Sick Children ..	Paediatrician	2
Premature Babies	Midwife with special experience	1
Nursing Care of cases of Miscarriage*	Midwife Teacher	1
Dietetics	Supt. of School Meals ..	1
Environmental Hygiene, inclg. Industrial Hygiene	Medical Officer of Health or Chief Sanitary Inspector ..	4
Geriatrics	Geriatrician or G.P. ..	2
Carcinoma—Early recognition; and nursing care of late cases.	General Practitioner ..	1
Diabetes	Consultant-Physician ..	1
Tuberculosis	Chest Physician	2
Venereal Disease	V.D. Specialist	1
Prevention of Accidents ..	Film	1
Occasionally, special extra lectures.		

*Not for S.R.N. or S.C.M. Candidates.

VISITS.

As many of the undermentioned as can be managed.

*Slum Housing.
*Old Peoples' Club.
*Old Peoples' Home.
*School Kitchen.
*Factory Canteen—A factory employing women and young persons.
Bakery.
Dairy.
*Rural School with difficult conditions.
*Day Nursery.
*Nursery School.
*Minor Ailments and School Clinics.
*Child Welfare Clinics, urban and rural if convenient.
*Vaccination and Immunisation Clinics.
*Midwifery and Ante-natal Relaxation Clinics.
Water Works.
Sewage Works.
Caravan Site.
Special Schools.
Hospital for Mentally Defectives.
Occupation Centre for Mentally Defectives.
Child Guidance Clinic.
And other visits according to local opportunities.

*Compulsory Visits.

APPENDIX II.

HEALTH VISITING

DUTY.

The work of the health visitors is of enormous importance to the health of the people. It is not so readily understood as is the work of home nurses and home midwives, who, attending the sick, and mothers in labour, are giving obviously practical help to people only too anxious to have it, and ready to recognise and appreciate it. The health visitors' duties include statutorily, the giving of " advice as to the care of young children, of persons suffering from illness and expectant or nursing mothers and as to the measures necessary to prevent the spread of infection." But today their field is much wider ; they are usually responsible for, or attend, clinics of various kinds—child welfare clinics, ante-natal clinics, immunisation clinics and others ; they may assist in the after-care of hospital patients, especially children ; they may assist in the control of tuberculosis as tuberculosis health visitors ; they frequently help in the prevention of deterioration of families which appear likely to succumb to difficult circumstances, and in the rehabilitation of families already in grave difficulties and distress ; they may assist by way of advice, sick persons to whose illness factors in the social background substantially contribute : they may assist in the care of unmarried mothers : they may assist old people at home to meet their problems—and not only health problems—helping them to continue a happy and independent life ; they may help mentally disturbed persons in relation to their social problems ; they may help any who call on them for advice in regard to social or health problems : they are often engaged in enquiries involved in research into the social epidemiology of ill-health in many forms ; they sometimes undertake duties outside health visiting, such as school health nursing (very commonly), and midwifery and home nursing (as is not unusual in rural areas).

ADVISORY FUNCTION.

Their function is always advisory : it is in no sense the practical application of bedside nursing. The clinical nursing background they have—and it is extensive (general nurse training, midwife training in hospital and often other forms of hospital nurse training)—is designed to fit them to take their place in the medical care of the community. Their health visitor training—more commonly than in the past, within the University—is designed to fit them as advisers in social and public health and personal health problems, to enable them to educate mothers, and fathers, and children—whether in groups or individually—in health matters, and to understand the social scene, stresses and strains, and the problems of everyday cares in the family and the community. Their practical experience should consolidate their knowledge and shew them the most fruitful methods of application of their knowledge. They are responsible to their consciences first ; and then to the Medical Officer of Health, and the Authority ; and to the family doctor, in so far as their work affects the medical care of the patient at home. Their purpose cannot be achieved at all if they do not achieve a right relationship with the family, and especially the mother, nor can it be achieved in a satisfactory way if they do not achieve a right relationship with the family doctor. They must know the family doctor and discuss their joint interest in patients. They cannot do all that they might do if they do not achieve a right relationship with a large number of social workers in other fields within the ambit of the Local Health Authority (such as those in the Home Help and Mental Health Services, and the sanitary inspectors), in the hospital service (such as physicians and almoners), and in voluntary organisations such as the National Council of Social Service and the National Society for the Prevention of Cruelty to Children, Moral Welfare workers, and others. It is no mean task, and other workers must be willing to co-operate : goodwill on one side alone does not bloom for very long. I conceive it as a major duty of the Medical Officer of Health to make it easier for this goodwill to flourish and to facilitate the contacts of the health visitors with all who labour in the same vast effort of health preservation.

FAMILY CARE.

Their attitudes are all important. Their philosophic outlook towards the family and especially the family in distress is of great significance. None of us who work among the people and see them in their homes, should be other than humble, realising that so many have to do so very much with so very little, and realising, too, that in their circumstances many of us might achieve very much less than they do. The health visitor must always support the family and, in particular, the mother. Advice is what most of us seek, few of us really want, and practically none of us take. The health visitor has to advise even when advice is not sought. In the less straight-forward work, for example, in general advice regarding home management or budgeting, or in relation to social difficulties or unhappy mental attitudes, she must do it so skilfully that the conclusion reached appears, or truly is, a conclusion reached by the mother herself. At the least, it must be a joint conclusion. In the more straight-forward work, e.g. infant welfare, which is generally within the *nursing* skill and knowledge of the health visitor, where the mother openly seeks advice, a simpler and more dogmatic approach is practicable. But even here she must beware lest the advice she gives conflicts with advice given by others also having duties towards the family and, in particular, the family doctor. The health visitor must endeavour, too, to keep her advice in line with modern medical thought and in tune with the general health teaching of the welfare centres, and close association with the medical officers of these centres is essential. Association with the hospital paediatric department is important, not alone because the health visitor should know a good deal about sickness in babies, so as to be fitted to recognise the degree of urgency of child illness with a view to reference to a family doctor in any case, certainly not alone for her own interest and prestige, but also because the general tone of medical advice in the district in regard to infant care, is so much conditioned by the views of a respected and clinically successful paediatrician. All this is not easy to secure, but come it must. Again, the policy of the health department (representing the Local Health Authority) must be always in the mind of the health visitor—the emphasis in health education will shift from time to time as knowledge and experience grow and needs change. Contacts with the Medical Officer of Health should not be so infrequent as to leave him a remote figure ; and this implies much more than the regular meetings between the Medical Officer of Health and the Superintendent Health Visitor to settle practical details of administration.

The health visitor goes to every family when a baby is on the way, and as soon as practicable after the baby is born. Whether the midwife takes charge for the first two or the first three or even four weeks matters little so long as the health visitor and the midwife are working together. The health visitor must then decide in conjunction with the mother when and how often she should visit the home : and the greatest problem is to decide just this point. Routine visiting is undesirable, and in the present shortage of skilled staff, just wasteful : on the other hand, it is not infrequent to find in enquiries into infant deaths that a child has not been visited for some time, because routine visiting was not considered necessary. We just cannot always foresee what will arise. I believe that babies under 3 months should be visited at least monthly and between 3 months and 1 year they should not be left longer than two months nor older children longer than six months between health visitor visits (unless the mother positively objects—which in these days is most unusual) ; at the other end of the scale, some homes should be visited two or three times a week or even daily. It is in the care of the baby that the health visitor's *nursing* skill should be most used : in infant feeding, in dealing with the many problems of management. She must be expert in this field and her training in this must be intensely practical. But as well, she must be a medical social worker in her relation to the family.

INFECTIOUS DISEASE VISITING.

Visiting in the hope of preventing the spread of infectious disease and in the elucidation of its epidemiology must be carried out as it arises and this may involve an urgency which interrupts the work of infant welfare ; obviously, the directions of the Medical Officer of Health must be followed : in some diseases, e.g. those that are most likely to be spread by food and drink, e.g. dysentery, typhoid and the food-poisoning groups, it is, I believe, desirable that the sanitary inspectors, not the health visitors, should do the visiting, but where the disease is spread by direct contact and especially among children, there are advantages in the health visitors doing it. Measles and whooping cough and poliomyelitis are examples : but during epidemics of measles, how can the health visitors do it without allowing their child welfare to go by default ? Selective visiting becomes imperative, but this is to defeat all hope of satisfying epidemiological enquiry. Well, in measles, especially, the health visitor can do a great deal for children who are most likely to receive insufficient or very inexpert care and she must choose her cases accordingly. She cannot hope to contribute a great deal in this to our epidemiological knowledge. If that is sought, extra staff and extra visiting must be arranged. Poliomyelitis cases will all be visited, but there is something to be said for this visiting to be carried out by doctors, whose special authority and interest may lead to important epidemiological clues not readily recognised by the health visitor.

Old People.

What of old people's visiting ? Wherever the health visitor can contribute to the welfare of the old person by way of advice as distinct from the help that is given by " any human nod " she should visit. But it should not be simply social visiting—what might be termed a social call. We cannot afford specialised workers for that. But only too often there *is* a health problem in which help may be given : diet, getting care for the feet, diabetes, making arrangements for other forms of help and visiting, all demand attention. The health visitor should be freely available for such purposes and the " social-call " element in the visit need not then be discounted.

Care and After-Care.

Care and after-care in relation to the diabetic is often carried out by district nurses ; health visitors can contribute very much by helping the diabetic to maintain his self-imposed or perhaps more accurately, medically-imposed discipline in relation to diet, exercise, rest, urine testing, care of the feet and habits. Others may be similarly helped, notably the peptic ulcer cases. Should such visiting be specialised ? Clearly, this question can be applied to many aspects of health visiting and much depends on the size and nature of the area served. Generally, I believe health visitors should be generalised as much as possible, but in urban areas some degree of specialisation may be necessary for particular problems, such as after-care ; I do not, however, myself believe that mental welfare visiting should ordinarily be undertaken by health visitors at all.

FAMILY REHABILITATION.

In relation to the prevention of deterioration in families, it seems to me that the health visitors should not attempt directly to influence families in relation to their mode of life unless there is real evidence of deterioration ; it would be improper to assume that because adverse circumstances are evident—poverty, mental submornality, maladjustment, marital difficulties, she has any duty or right to act as a guardian or to intervene in any way—though she might, of course, realise that the families are those who may be willing to have help at an early date. Nothing would be worse than for any group of social workers to regard themselves as mentors of the family. When there are signs of failure which adversely affect children or the neighbours, then she should be willing and prepared to help—she should, so to speak, invite the mother's request for help ; the skilful health visitor knows how to secure the desired response. This is not to say that she should wait until the family is derelict, the furniture broken and lost, the food inadequate, stale and unrefreshing, the atmosphere fetid, the clothing dirty, torn and insufficient, the premises squalid, the children dirty, unkempt and underfed, the family despised or detested by the neighbours. But she must beware of infringing the right and duty of the family to manage its own affairs and intervention too early must be discouraged. " Support " must at all times be the watchword of the health visitor, but it should be constructive, based on the ultimate need to re-establish in the family the will to betterment, based on sound medical and social and philosophical principles, respecting always the personality of the parents, however backward, stupid, lazy or indifferent they may be : only if malice is undoubted, should the " heavy hand " be used, and it is more than a little doubtful if the health visitor is the right person to engage in that particular kind of reformative effort.

TRANSPORT, CLERICAL HELP, AUXILIARY NURSES.

Would we be able to make better use of health visitors if they had mechanical transport ? As in so many public services, geographic considerations are of great importance. Of course, in rural areas cars are essential, but in compact urban areas I doubt whether car transport is necessary or economical, if the health visitor takes generalised duties over a small section of a town. But the attraction of a car allowance is one of the ways in which, in the days of uniform salary and conditions of service, the County areas do attract health visitors from the cities. And in wet weather there is no doubt the health visitor could do with a car.

With regard to clerical help, sufficient clerical help should be available for the Superintendent, but I cannot see that note-taking by health visitors should be done otherwise than personally by hand. We do not want enormously lengthy accounts of the health visitors observations at a visit : concise but accurate notes are essential. It is frequently said that health visitors should do nothing that can be done by others with less qualifications. The underlying idea here is sound but there is a limit to its application. It is every bit as wasteful, more wasteful in fact, to employ in excess of need—whether in time or number—staff for duties which can be performed quite conveniently by the health visitor without detriment to her primary work. This applies to a great deal of clinic work. It is possible to claim too much in an abstract situation.

CASE LOADS.

The work of health visitors is sometimes compared unfavourably with that of hospital almoners who are specialised social workers without nursing experience, but who have as a rule, a good educational and social science background. But the comparison is never valid because the case load imposed by circumstances are so different (the advantage lying well with the almoner) and because the variety of work undertaken by health visitors is so much the wider. The health visitors have too heavy a load at the present time and we could greatly increase the number we employ, with very beneficent effects, and in the long run with sound social health and economic returns. I consider the total case load measured in pre-school children in an urban area should not exceed 500 per whole-time health visitor, allowing for a moderate amount of medical-social family work not directly concerned with babies. I would add that if the work outside the maternity and child welfare service is very extensive so that it prejudices this side then the case load should be further reduced. The figure of pre-school children is used only as a convenient measure because these children represent only part of the case load most health visitors now carry. This is a slightly lower standard than that adopted by the Women's Public Health Officers' Association, the Royal College of Nursing and the Department of Health for Scotland—which all recommend a case load of 500 children under 5 years for a nurse *solely engaged* on maternity and child welfare duties. The Standing Conference of Training Centres for Health Visitors have suggested (1950) a case load of 665 children under 5 years of age for health visitors under similar circumstances. Other indices suggested have referred to live births in a year on the district of the nurse, e.g. 125 live births (the L.C.C.'s " practicable standard ") or a number of families, e.g. 2,500 families per nurse, or population (as in America) where for public health nursing (non-bedside nursing) one health visitor per 5,000 population is regarded as the right ratio. The most convenient is the number of children under 5 years. On this basis, I imagine most local health authorities would have to have further staff and it must always be borne in mind that extra staff cost money and that the number of women available for training for professional social work of all kinds is not inexhaustible. Ultimately, we have to fix a relative allocation as between all the different kinds of nursing and medical social workers.

At present, speaking in round numbers, the population of England and Wales is 45 millions and children under 5 years number 3½ millions : there are in hospitals in England and Wales, again in round numbers, 130,000 whole-time nurses of all kinds (men, women, students and pupils), and 23,500 part-time nurses, including 5,500 whole-time and 1,000 part-time midwives. The shortages in 1950 were estimated at 41,000 nurses and 2,500 midwives.

Home midwives number about 7,500 (half of them whole-time) and home nurses 8,900 (rather more than half part-time).

The number of health visitors is about 1,500 whole-time and 4,700 part-time, equivalent altogether to about 4,100 whole-time health visitors. On the standard given above, the health visitors should number 7,000 or according to American standards 9,000. Exeter at present employs on health visiting duties, but by no means exclusively in maternity and child welfare work, the equivalent of 8⅔ health visitors. If any of the standards referred to were followed we should have a minimum of 11 or 12 health visitors for general duties. It would not be unreasonable to say that the number of health visitors desirable for the country is at least 50% higher than the present figure. More and more emphasis must be placed on medical-social and preventive work if the costs of sickness (and especially hospital care) are to be kept within reasonable bounds.

Health visitors must work with the midwives and home nurses because their differing skills and experience are complementary and they should know in respect of any particular family what the others in the public health nursing service are doing. It is sometimes said that the health visitors are not available at night for urgent baby visiting, say, regarding an infant feeding problem, which is then passed to the midwives or home nurses. Broadly, that is at present true. But so long as the job is well done it does not matter very much. On the other hand, to secure night work or availability in the evening, for these calls are few and far between, we should certainly have to increase substantially our present staffs. Doctors must, of course, take the responsibility when they are called in in the evening for treating the babies and, if necessary, securing the best nursing care available. There is a problem here that can be best met by a satisfactory relationship between midwives, home nurses and health visitors and a willingness to share each other's burdens as the occasion arises. Evening visits by health visitors are desirable, although it cannot be expected that health visitors, more than others, should work day and night : nevertheless, the evening is often the only time in which she can talk to the father, and see the whole family at home and I believe some evening visiting is necessary.

Doctors as a whole are not yet perhaps fully aware of how much the health visitor can do and how much she does do to help the harassed mother, the aged, the handicapped, the case recently discharged from hospital. Family doctors (with an interest in the effect of the social milieu on the patient within it) could do a great deal of social-medical work through the health visitors. As a counsellor of mothers, as the general field worker in public health, in relation to the effects of the social group on the individual, as a co-worker with so many other health workers, doctors, midwives, home nurses, sanitary inspectors, mental health workers, home helps, the health visitor is in a powerful position to help the community as a whole, assisting on the one hand, the practitioner in the individual case, and on the other, helping the Medical Officer of Health to carry out the Council's overall plan for the prevention of disease and the preservation and improvement of the health of the community.